**CAD/CAM Conference Dubai grows as fast as Digital Dental Technology**

Conference is co-organized by Emirates Dental Society, Saudi Dental Society, Lebanese Dental Association and Centre For Advanced Professional Practices - spearheaded by Dr. Dobrina Mollova, DDS, experienced provider of Continual Medical Education for the last 10 years in the Middle East and Asia.

The event enjoys accreditation from ADA CERP, DHA, HAAD and SCHS, including cutting edge presentations and an impressive lineup of lectures to be provided by opinion leading Dental Professionals such as: Prof. Dr. Dr. h.c. Georg Meyer, Germany; Dr. Andreas Kurhad, Germany; Dr. Lida Swann, USA; Lee Culp, CDT, USA; Dr. Andrea Mastrorosa Agnini, Italy; Dr. Alessandro Agnini, Italy; Prof. Alfred Hans Resch, Germany; Dr. Ulrich Wegmann, Germany; Dr. Maria Hardman, UK and Dr. Ziad Salameh DDS, MSc, PhD, Lebanon.

The two day Scientific Sessions is complimented by eight hands-on courses, pre- and post-conference, including: Indirect Veneers; Laser; Unconventional Management for Soft & Hard Tissue; Mastering challenges in... and many more.

**Quest for the Perfect Restoration**

By Dr. Munir Silwadi, UAE

Aging technology in dentistry has always been a tough challenge all the way since ancient Egyptians until our present time. Though our restorations of... right up there in terms...

**First Dental Technician Forum highlights current developments in dental labs**

By Dr. Dobrina Mollova, DDS

Dental technology. An exhibition sponsored by VITA, Sirona and SHHERA, among other companies, created excellent network...ing opportunities and had the latest developments, systems and technologies on display. Moderated by key opinion leaders from around the globe, the two-day event saw participants sharing and discussing cutting edge knowledge and the newest clinical approaches in prosthetics...

**NEWS**

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Scientists from Norway develop scaffolding to...

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Case Report Maxillary Implant

**ENDO TRIBUNE**

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Visual information and imaging technology in...

“Continuous Education is a top priority for us, first...
The four table clinic presentations, which ran concurrently, were among the most appealing and enjoyable sessions for all participants. Among other things, new hybrid materials and their benefits were presented. Participants were also given the opportunity to ask questions on real cases that were printed live with help of 3-D scanners and milling machines. By analysing different cases, brothers Drs Andrea Mastrorosa Agnini and Alessandro Agnini from Italy gave the audience a surprising insight into the operational techniques that they have developed over time with their increasing knowledge of new materials. With new technologies replacing traditional materials and techniques, they said that achieving good clinical results has become more systematic and time-effective.

A ceramist and professional photographer, Naoki Aiba demonstrated the capture of shade photographs, hue and value analysis giving the audience a surprising insight into the operational techniques that they have developed over time with their increasing knowledge of new materials. With new technologies replacing traditional materials and techniques, they said that achieving good clinical results has become more systematic and time-effective.

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CEREC Desert Fest

The Palace Hotel Downtown
12-13 September 2014
Dubai, UAE
www.cappmea.com/cerecfest
6th Dental - Facial Cosmetic International Conference

Joint Meeting with
3rd Global Conference of American Academy of Implant Dentistry

14 - 15 November 2014
Jumeirah Beach Hotel
Dubai UAE

Hands-on Courses
- Indirect Veneers
  Dr. Munir Sifwadi, UAE
- Face & Smile Analysis
  Dr. Eduardo Mahn, Chile
- Direct Veneers: The Shade Dilemma
  Dr. Eduardo Mahn, Chile
- Veneers/ Crowns
  The Challenge in Smile Design
  Dr. Eduardo Mahn, Chile

www.cappmea.com/aesthetic2014
World oral health report: Almost 100 per cent of adults suffer from dental caries

By Dental Tribune International

LONDON, UK: In celebration of World Oral Health Day, representatives of the FDI World Dental Federation presented the latest findings on oral health on 20 March at a press conference held in collaboration with the British Dental Association in London. The report identifies the main obstacles to achieving universal oral health and includes recommendations to improve oral health worldwide.

Among other aspects, the report, titled “Oral health worldwide: A report by FDI World Dental Federation”, highlights that nearly 100 per cent of adults and between 60 and 90 per cent of children worldwide have dental caries, which results in millions of lost school and work hours. For instance, in the US, an estimated 2.4 million days of work and 1.6 million days of school are missed owing to oral disease. In the Philippines, toothache is the primary reason for school absenteeism. The FDI stated that about 97 per cent of Philippine 6-year-olds have dental caries.

In addition, the report states that only 60 per cent of the world’s population have access to oral care, creating enormous disparities between different populations. According to the FDI, people of a lower socio-economic status visit the dentist less often and have fewer fillings, more missing teeth, higher tobacco consumption, higher rates of caries and untreated decay, and higher rates of periodontitis compared with those of a high socio-economic status.

In order to increase access to oral care, the training of the oral health work-force needs to be strengthened and expanded to improve the quality of and increase the number of oral health professionals. Moreover, emphasis needs to be put on the equal geographical distribution of oral health personnel, especially within developing countries, where the dentist-to-population ratio is approximately 1:150,000 compared with about 1:2,000 in most industrialised countries.

The FDI further highlighted that a solely curative approach to tackling the burden of oral health is neither realistic nor sustainable. The organisation asserts that the prevention of oral diseases and promotion of oral health must be at the core of national policies and programmes. In this respect, global and national surveillance should be strengthened to identify risk factors and oral health needs as a basis for developing appropriate approaches and measures, the FDI stated.

The event also saw the launch of The Tooth Thief, an illustrated book for children that includes oral health tips. The book emphasises the importance of good oral health to children to instil good oral care habits from a young age. The foreword was written by Yaya Touré, Manchester City Football Club player and three times African Footballer of the Year, who was this year’s World Oral Health Day ambassador.

The book is available from the Apple iBooks Store and Amazon, and can be downloaded from the World Oral Health Day website, www.worldoralhealthday.com. The complete white paper can be accessed free on the website as well.

A white paper on world oral health was presented in London last week. (Photo courtesy of FDI World Dental Federation)
Passive micro-volume management of sodium hypochlorite in endodontic treatment

By Les Kalman, B.Sc (Hon), DDS

The passive utilization and micro-volume management of sodium hypochlorite as an endodontic irrigant has been supported with a laboratory demonstration and several clinical cases. By limiting the volume and pressure of sodium hypochlorite, the injectors can be minimized while still benefiting from the ideal disinfesting characteristics. Further studies are required to understand the behavior of fluids, especially sodium hypochlorite, within the context of permeability, fluid mechanics and multiphase fluid flow through porous media.

Introduction

Endodontic treatment addresses the removal of the tooth’s internal pulp and microbiorganisms, primarily due to infection and necrosis. Once proper diagnostic and prognostic examination has been established, the patient has the option of maintaining the tooth’s form and function while the vitality becomes lost. Current endodontic treatment consists of utilizing rotary files to remove the pulpal tissue and shape utilizing the canal network. The chemicals, in the form of gels and liquids, are then implemented to disinfect the root canal(s) and eliminate bacteria. The chemicals are then dried and the canal space filled with either gutta-percha or resin to create a hermetic seal.

The chemicals employed to clean and disinfect the intra-canal space are vast and include fluid lubricants such as Prolube (DENTSPLY) and irrigants such as QMix (DENTSPLY). During clinical endodontics, the canal is filled with a cock-up mixture, with chemical irrigants and irrigants becoming a mixture.

Chlorhexidine gluconate (CHX) is an uncommonly used irrigant, with several desirable properties. It provides antimicrobial activity against certain aerobic and anaerobic bacteria, exhibits no significant changes in bacterial resistance in the oral micro-environment and has no injurious effect to the skin or mucosa. In fact, CHX has a role as an oral rinse at the 0.12 percent concentration. Sodium hypochlorite (NaOCl) still remains the most commonly used chemical due to its availability, cost and effectiveness. Sodium hypochlorite is effective against broad-spectrum bacteria and has the ability to dissolve both vital and necrotic tissue. However, this irrigant is equally damaging to the patient and has a history of injurious effects. Typically the NaOCl is delivered into the canal space with a syringe dose of 2-10 ml that is expelled under pressure. The ability of NaOCl to escape either through poorly sealed isolation or other means can cause serious injury to the patient.

Injury from NaOCl is well established in the literature and has been attributed to three main errors: poor handling, injection beyond the apical foramen and allergy. Poor handling injury can result in operator and/or patient injury to the eye and/or skin. Injection beyond the apical foramen can result in the following:

- immediate and severe pain
- edema to adjacent tissue
- edema to the lip, infraorbital region and side of face
- intense bleeding from within the canal space
- skin and mucosa bleeding
- intestinal bleeding
- parasthesia
- secondary infection.

Allergy from NaOCl is rare but has been reported and may result in severe pain, a burning sensation, edema and transient parasthesia.

Methodology

Although there is no universally accepted irrigation protocol regarding endodontic treatment, it is the duty of clinicians to apply evidence-based dentistry within clinical parameters to provide their patients with the highest standard of care with minimal morbidity. The use of NaOCl has numerous beneficial factors that maximize treatment success; however, it is the application of the liquid that can cause injury.

Micro-volume management of NaOCl has been proposed. The concept is based on the premise that endodontic instruments have irregular surfaces, crucial for dentinal preparation, and that liquids exhibit surface tension characteristics. By placing an instrument into a suitable container, the NaOCl will be prevented liquid, then the successfull removal of those liquids is key to clinical success. Concepts of multiphase fluid flow through porous media, and capillaries, 10 permeability of porous media and surface tension fluid mechanics must be recognized to validate and further advance canal irrigation.

Micro-volume management of NaOCl has been suggested as a delivery modality to maximize the benefits of the liquid while minimizing its injurious effects. Surface tension fluid mechanics and permeability suggest that the NaOCl can be carried within the surface irregularities of endodontic instrumentation and deposited into the canal space and percolate within the complex network of the canal. The passive management of the irrigant in micro-volume would greatly reduce complications due to poor handling. CHX has...
been suggested as the larger volume, positive pressure irrigant that may be delivered into the canal space. CHX has favorable antibacterial characteristics but minimal irritancy, if mismanagement of the irrigant is exercised with caution in order to prevent injury. If positive pressure delivery of CHX is required, the operator should regulate the pressure and avoid the risk of injection beyond the apex. The use of EDTA (ethylenediaminetetraacetic acid) could be employed after NaOCl, to minimize the formation of precipitates.1

The application of micro-volume management of NaOCl suggests that the canal space can be effectively cleaned in a conservative manner. Application of this principle has been applied to clinical cases with little to no post-endodontic sensitivity. Obturation has been completed with Thermaseal and Thermafill (DENTSPLY). Even though there is evidence of sealer extrusion, the absence of post-operative symptoms and pathology suggests adequate volume for sufficient disinfection.

Further laboratory studies are required to understand permeability, fluid mechanics and multiphase fluid flow through porous media and their relation to the micro-management of NaOCl. Additional clinical investigations should be implemented to assess and validate the efficiency and efficacy of micro-volume management of sodium hypochlorite on endodontic therapy.

Conclusions

Introduction of lubricants and irrigants into the canal complex is crucial for endodontic success. The action of fluids in the canal complex must be understood within the context of permeability, fluid mechanics and multiphase fluid flow through porous media. NaOCl has several advantages for its role as an endodontic irrigant, but its use must be exercised with caution in order to prevent injury.

NaOCl has several advantages for its role as an endodontic irrigant, but its use must be exercised with caution in order to prevent injury. The potential to minimize morbidity while maximizing clinical endodontic success seems promising for both clinician and patient.

References

4. 5M ESPE: PeriEndo™ Chlorhexidine Gluconate (0.12%) Oral Rinse Fact Sheet: 2009.
The power of cross coding: How hygienists can support their patients’ overall body health

By Marianne Harper

Have you lost the excitement? Are you content with what you might now perceive as the same-old, same-old every day? Day after day you may be performing hygiene procedures over and over again, all the while knowing you are helping your patients but perhaps you simply don’t feel as though you are truly making a significant difference in their overall health. If you feel that level of frustration, or even if you don't, but you are interested in advancing your career, then read on to discover some ways in which you can make a significant difference in the health of your patients.

As you are aware, dentistry is becoming recognized as a medical discipline. We in the dental field are in a unique position to support our patients’ overall body health. Our patients who maintain their regular recare schedules are quite probably seen by us more frequently than they are seen by their primary care providers. “Around 59 percent of adults see their physicians in a year while 64 percent see their dentists, which means we see 25 percent more patients than they do.”

Hygienists can be key players in this opportunity. By thoroughly questioning your new patients and by providing and reviewing medical history forms that are updated with the most current medical questions, hygienists can begin an evaluation of their patients’ medical status. For example, our established patients may have had a change in their medical history since their last appointment, so a recare update form is an efficient way to inquire about their health. If your practice is not familiar with recare update forms, please check my website to obtain a copy. Again, thorough questioning of all new and established patients is an essential component to getting the full picture of your patient’s health.

What is discovered from these questions can be a strong determining factor in how each patient is handled. Patient questioning should always be followed by dental exams, x-rays, blood pressure checks and clinical observations. For those patients who may have a systemic disorder, your practice should become proactive by referring the patient back to his or her primary care provider.

However, because dentistry has evolved over the last decade, there are more ways that the dental practice can help make these determinations. With the frequency of patients’ visits and the availability of numerous cutting edge diagnostic tools, we have the unique opportunity to administer different types of disease testing that, in the past, were performed only by medical practitioners.

If you are unfamiliar with the types of medical testing that are available for dental practices to perform, then the following information can make a big difference in the quality of your practice’s treatment, and it may help to make a significant change in how you perceive your career.

First of all, periodontal diseases and caries are medical conditions, but the majority of dental practices diagnose these conditions through the use of periodontal probes and explorers. Have you considered that medical practices would never begin treatment without determining if they are treating bacteria or a virus? In dentistry, we need to differentiate between aspirin sensitivity, blood dyscrasias, other diseases, fungus, yeast or a cyst; so bacteriologic tests should be performed. Microscopic tests, DNA tests, or bac- teriologic tests should be performed if periodontal infections are apparent.

Tests that can be performed in a dental practice:
• C- reactive protein (CRP) for infection
• HIV testing
• Diabetes testing with a glucometer – finger stick or blood sample taken from a periodontal pocket
• Oral cancer screening (e.g. ViziLite)
• HPV testing
• Screening for cardiovascular disease (e.g. HeartScore System)
• Saliva biomarker test – measures three specific biomarkers that play a role in cancer development in the oral cavity

As you can see, these tests cover many possible systemic conditions. Your practice will have to determine which staff members are allowed to administer these tests, because your state makes regulations controlling this. Hygienists may be allowed and, if so, this may make a difference in your career. Even if hygienists are not allowed per your state’s regulations regulations, your systematic approach in the practice to add these tests to the practice’s procedure mix will be invaluable to the practice. In addition, hygienists need to realize the importance of their observations and questioning of the patients in helping to move these patients to better overall health. If you are interested in adding new slant on the same-old, same-old.

Power of cross coding

There is, however, another area in which hygienists can make a significant difference in their practices. Dental-medical cross
coding is a cutting edge insurance system whereby dental practices can file a patient’s medically necessary dental procedures with their medical plans. Implementing cross-coding creates greater case acceptance resulting in increased patient affordability and practice profitability. Hygienists can play a key role in the implementation of cross coding. Hygienists can be the communicators for cross coding in their practices by alerting the practice of patients whom they believe are medically compromised. Such patients hold the potential to generate greater revenue.

As an example, hygienists can inquire about conditions that might indicate that a patient has sleep apnea (Fig. 1). For those practices that treat sleep apnea, the practice would then need to refer the patient for a sleep study before commencing treatment. If the practice does not use alerting the practice already mentioned with a patient’s medical insurance plan. There are diagnosis and procedure codes that apply to these tests, but those are too involved for the scope of this article to provide all of the codes needed. There is no guarantee that these tests would be covered by the plans. According to the Centers for Medicare and Medicaid Services, “the existence of a code does not, of itself, determine coverage or noncoverage.” It is certainly worth a phone call to determine coverage. I always advise practices that code CPT codes to also code in a phone note to encourage their patients to complain to their employers. Insurance contracts are between the insurance company and the employer, so dental practices have little power to make any plan changes. However, the more that complaints are issued, the more likely that medical insurance carriers will begin to see the necessity for including these types of procedures in their plans.

The full scope of cross coding is much more extensive than just these tests. Dental practices should be cross coding for the following:

- Trauma procedures
- Oral surgical procedures
- TMJ procedures
- Sleep apnea procedures
- Medically necessary endodontic procedures
- Medically necessary implant and periodontal procedures
- Exams, radiographs and diagnostic procedures for any medically necessary dental procedure

Between implementing disease testing and cross coding, a hygienist will significantly make positive changes to his or her career. These hygienists will not only help patients obtain optimal health, but they can also help make procedures more affordable. Patients will be able to see their dental practice truly cares about their health. Hygienists will have more confidence in the practice. This is a true win-win situation. The dental practices will value the contributions of these hygienists, and hygienists will rarely face each day with that “same-old, same-old” feeling.

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Clinical Tips: Demi™ Ultra and C.U.R.E™ Technology: (Curing Uniformity & Reduced Energy) what this brings versus competition?

By Kerr

C.U.R.E™ Technology
1. COLLIMATION: collimated light is light with rays are parallel, and therefore will spread slowly as it propagates. The word is related to «collinear» and implies light that does not disperse with distance. A better collimation translates in more curing power and a less sensitivity to tip positioning.

2. DEPTH OF CURE: according to the JADA, %57 of all composite restorations are insufficiently cured (Fan et al, 2002). Demi Ultra, compared to other lights, guarantees, in addition to an optimal curing uniformity, the best depth of cure. C.U.R.E™ Technology

1. TIP TEMPERATURE: an increase of °5.5°C can cause irreversible damages to pulp.

Thanks to its proprietary C.U.R.E. technology, Demi Ultra is able to maintain low temperatures avoiding any tissue damage.

Universal curing? Seems to be a compromise. Light and quality of cure.

The photopolymerization process of dimethacrylate-based dental resins is a reaction triggered by free radicals, which are generated by irradiation of a light-sensitive initiator and open the double bond of methacrylate groups (C=C), generating a chain reaction.

The depth of cure can settle by playing on light intensity (or irradiance), wavelength and concentration and/or type of light initiators.

Curing Lights with violet LED to cure alternative photoinitiators provide non-uniform beam irradiance that leads to non-uniform cure. The power is distributed inefficiently and additional energy is needed to cure in depth. This unnecessary energy increases the heat and the risk of pulpal damages.

A new after sales service gives you the peace of mind to know your investment and budget are protected from the hassles of unexpected repair expenses.

Demi Ultra is a quantum leap in curing light technology!

DO NOT CHANGE BATTERIES, CHANGE CURING LIGHTS!

The Kerr Demi™ Ultra LED Ultracapacitor Curing Light System represents the latest technological advancement in dental curing from the Kerr Demi brand. It is the first curing light to free dentists from both batteries and cords, while offering the unmatched performance and reliability of a Demetron curing light.

The Demi Ultra is powered by the revolutionary U40™ Ultracapacitor – exclusive technology that re-energizes to full power in just 40 seconds, for incomparable convenience. Proprietary C.U.R.E. Technology™ allows the Demi Ultra to rapidly deliver a uniform depth of cure with industry leading low temperatures, and the Easy Suite feature set combines simple and intuitive operation with worry-free cleaning.

A new after sales service gives you the peace of mind to know your investment and budget are protected from the hassles of unexpected repair expenses.

Demi Ultra is a quantum leap in curing light technology!

NO BATTERY, NO CORD, NO EQUAL

- REVOLUTIONARY U40™ ULTRACAPACITOR
- PROPRIETARY C.U.R.E™ TECHNOLOGY
- EASY SUITE FEATURE SET
- AFTER SALES SERVICE

Order information:
Demi™ Ultra LED Ultracapacitor Curing Light System
Item nr 35654
Contains: 1 x handpiece, 1 x 8 mm light attachment, 1 x charging dock with radiometer, 1 x power supply, 1 x protective light shield, 1 x hardness disk kit, 1 x 5-pack disposable barrier bag, 1 x IFU

Accessories
Item nr 35665 Demi Ultra LED Light Attachment 8mm
Item nr 35666 Demi Ultra Charging dock with built-in radiometer
Item nr 35667 Demi Ultra Handpiece
Item nr 35668 Demi Ultra Light Shield
Item nr 35815 Demi Ultra Power Supply
Item nr 35837 Disposable Hardness Disk Kit (pack of 1)
Item nr 21042 Optics Maintenance Kit
Item nr PEDEMIULTRA100 -Demi Ultra Barrier Bag (pack of 100)

As the angle decreased from perpendicular, there’s is significant drop in intensity which results in a slight decrease in depth of cure. Demi Ultra, thanks to its °60°C angle makes easy the access to the posterior area and the curing phase more comfortable for the patient.
Moreover recent works reports that single diode blue LED light achieve similar degrees of polymerization than broadband (multiple diode) LED and halogen lights, just increasing the curing time when curing clear and white composite shades.

Light guide tip positioning!

The adequate positioning of the light guide tip/attachment can significantly affect the energy received by the RBC, and thereby the quality of its polymerization.

The light should be stabilized during the irradiation procedure.

The European University College hosts its official graduation ceremony

By European University College

The European University College (EUC), held its official graduation ceremony on February 22nd at the Fairmont the Palm Jumeirah in Dubai.

45 dental specialists were graduated during the event and earned their Master Degree certificates in Orthodontics and Pediatric Dentistry, Diploma in Advanced Education in General Dentistry, and High Diploma in Oral Implantology. A total of 55 guests of honor attended the ceremony including; Dr. Aisha Sultan, President of the Emirates Dental Association and Head of the Dental Department at the UAE Ministry of Health, Dr. Amer Sharif, Managing Director of the Education division of DHCC, Dr. Leela Al Habsi, Head of Pediatric Dentistry Unit at the Dubai Health Authority, Dr. Khadija Al Shaimali, Head of Pediatric Dentistry Unit at the Abu Dhabi Health Authority, and Dr. Hassna Al Saeed, Head of the Orthodontics Unit at the Dubai Health Authority.

The EUC is the first postgraduate dental institution to offer international training programs in the UAE and MENA Region. EUC’s international and “Western-trained” faculty come from reputed Universities and Research Centers based in the USA, Sweden, England, France, and the UAE. Staff selection criteria is based upon their prowess as teachers, clinicians, and researchers are all well known worldwide.

Since the launch of the EUC, the university has run an extensive range of postgraduate programs across a wide range of dental specialties. These high quality educational programs include the latest research and use innovative approaches to learning. There are currently international residents from Asia, Europe and the Middle East. The students have to meet rigorous theoretical, clinical and research requirements in order to meet the international educational requirements and patient care standards.

Professor Donald Ferguson, Dean of the EUC, expressed: “I am very proud and happy to see young professionals achieve the goals of academic and clinical education, and successfully present and defend a Master degree thesis, and assemble records that thoughtfully explain the forensics of patient care. They behave ethically, act responsibly and eye the world with standards of excellence.”

The EUC has been instrumental in enhancing the clinical capacity of its graduates. The university offers state-of-the-art services, latest trends and treatment philosophies, and uniquely handles highly complicated dental cases within the UAE.
By Inman Aligner

The Inman Aligner is a highly effective and unique evolution of the traditional spring retainer that moves upper and lower anterior teeth predictably, safely and quickly. This makes it a revolutionary appliance, often described as the “missing-link” between cosmetic dentistry and orthodontics. With a proven track record throughout the UK the Inman Aligner is now becoming highly recognized in the Middle East.

One appliance

What is unique with the Inman Aligner is that it can be used to align teeth either as a stand-alone treatment or before aesthetic or restorative treatment. In contrary to other treatments only one appliance will be used. The Inman uses super-elastic Nickel-Titanium open coil springs to move upper and lower anterior teeth with light but consistent forces, enabling correction of anterior crowding, rotations and some types of spacing.

Fast and predictable result

Most cases are completed with in 6-16 weeks depending on the complexity of the case. The system is removable and very fast, and patients who were previously put off by brackets and months of treatment can now achieve alignment in 6 to 16 weeks, with a brace that can be worn for as little as 16 hours a day. As an Inman Aligner Certified dentist you will understand how to provide a realistic guide of what to expect for each case. For suitable cases, the Inman Aligner is almost always much faster than alternative orthodontic techniques. Treatment is backed up with a full and comprehensive free support forum with many trainers helping to treatment plan cases safely and predictably.

The lecturer - Tif Qureshi

The first dentist in the world to use the Inman Aligner as a major tool for cosmetic dentistry is Dr Tif Qureshi. Dr Qureshi qualified from Kings College London in 1992 and he is the Past President of the British Academy of Cosmetic Dentistry. Dr Qureshi has a special interest in simple orthodontics using removable appliances and was the first dentist in the UK to pioneer the Inman Aligner. To this date Dr Qureshi has completed over 1000 cases using Aligners as a stand alone treatment and to align teeth before cosmetic dentistry and functional dentistry. At the coming APDC Exhibition in Dubai the 17-19th of June Dr Qureshi will be having a lecture on the subject “Simple correction of anterior crowding”.

The Dental market is truly flourishing in Lebanon and in the Middle East

Rodny Abdallah: Please share with our readers a short biography including your education and Laboratory experience.

Alain Sakr: My Name is Alain Sakr, I am a Certified Dental Technician, graduated from The Universite Antonine at Baabda in 1991. I started my experience as an intern at Claude Thousme Dental Laboratory during the summer of the same year. Then I started to run my own dental lab until the present date.

How important is the choice of working for your colleagues and being the President of the Lebanese Dental Laboratories Association?

Recently, I have been elected by my colleagues to run the dental laboratory order for the coming three years, my main role and target will be to develop the order’s vision towards a better future.

Compared to when you first started in the dental lab field, how has dentistry in dental lab developed through the years?

The field of Dentistry has passed a long way since I first started my career. This profession has made a huge upgrade from being a totally manual labour or hand work to an almost fully computerized and mechanical dentistry due to the involvement of scanners, milling devices and 3D printers.

What do you think about the dental lab market in Lebanon and the Middle East?

The Dental market is truly flourishing in Lebanon and in the Middle East! The Dental market is truly flourishing in Lebanon and in the Middle East, we could notice that people are more aware of the importance of a healthy oral hygiene and the role of aesthetic dentistry is at a high demand.

How important is the involvement of digital dentistry in the daily work of dental laboratories?

Digital dentistry has impacted the dental laboratory field heavily in a positive way. It is helping in improving the skills and products used in our labs, especially in the aesthetic department. A new demand is being noticed as well in the role of a hybrid dental technicians skills.

What are the plans of OPDL in the coming years? As you have been elected for the coming three years.

My plans as elected president for the coming three years are to make sure that OPDL will continue to make decisions that will further develop our order and could be beneficial for all our colleagues. One of my targets is to push our profession to higher standards and elaborate future workshops with the contribution of opinion leaders in our field worldwide.

How important is the role of the dental technician in the dental team?

The dental technician has an important role in the dental team as he insures the fabrication and the refining of the devices that shall be used in the dental cavity as well as the role of the dentists. They both contribute in creating a good team as one hand does not clap alone.

How important is the dental media in the lab field or the association?

These days, the dental media is playing an important role in the development of our industry by sharing all news and updates to a large and wide range of people and highlighting on all new technologies and materials before we could see them in the dental events. OPDL dental events have been well established over the years what can you tell us about LDLS 2014?

LDLS 2014 (Lebanese Dental Laboratories Show 2014) is truly shaping up to be a remarkable
Now, everyone in your dental team can Shoot!

Ultra-Light
SIMPLE
Compact
Accurate

SHOFU Smart Digital EyeSpecial C-II
- 8 Pre-set dental modes with the option of customized settings
- Intuitive one-touch operation and built-in anti-shake
- Large LCD touchscreen with dental cropping grid lines
- Fast auto-focusing capability and excellent depth of field
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- Uncomplicated photo management system

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One step further with CAD/CAM

By Dr Steven Soo, Singapore

CAD/CAM methods for conventional dental and implant-borne prostheses have gained popularity for a variety of reasons. Despite many advantages in terms of cost and convenience, the uptake of this relatively new technology is slow, hinting at a reluctance to try something new.

Many, if not most, clinicians still choose to have fixed implant-borne multi-unit prostheses fabricated by traditional methods of casting and veneering precious metal alloys. However, the associated high technical and material costs may be prohibitive to the group of patients who need this treatment modality the most. To this end, more cost-effective alloys, including base metal alloys, have been cast and veneered with a variety of tooth-coloured materials with good success. CAD/CAM takes this one step further. In fact, materials used in impression taking, casting a working model, producing a wax pattern, casting in metal alloy then veneering in tooth-coloured material all lead to a certain degree of misfit.

CAD/CAM can help to address this common problem. The use of digital dentistry is more common than clinicians might think, as the laboratory processes involved have already been widely implemented and dental technicians can take the credit for driving the use of the technology forwards. The next step is to adopt digital technology to replace some of the clinical steps in fabricating a prosthesis, namely the impression stage, which leads to production of a working cast.

These steps can introduce cumulative inaccuracies, as well as consume a variety of materials that are then discarded. In addition, there are time-savings to be made, perhaps not in the initial stages of learning and integrating new technology, but once familiar with the systems involved, all will benefit from the improved and efficient workflow.

My presentation at the Dental Tribune Study Club Symposium highlighted some of the advantages and disadvantages of CAD/CAM. My goal was to enable clinicians to see how it might become more widely accepted in their daily practice and remove some of their reservations. The next generation of dentists will hopefully come to view traditional methods of manufacturing dental prostheses in the same way as we now view fixed partial dentures as a way to replace missing teeth before implants.

Having received his dental degree from the University of Liverpool in the UK, Dr Steven Soo now works as a dental specialist in prosthodontics at Specialist Dental Group in Singapore. During IDEM, he presented a lecture on the benefits of CAD/CAM technology for dental implant and restorative procedures at the Dental Tribune Study Club Symposium on Level 6 at Suntec City.

Straumann abutments now available to 3Shape software users

By Dental Tribune International

COPENHAGEN, Denmark/Basel, Switzerland: Global implant manufacturer Straumann and CAD/CAM software provider 3Shape have been working together to integrate Straumann CARES libraries into 3Shape’s software. Yesterday, the new software function was made available to 3Shape software users, enabling them to design and order customised zirconia or titanium abutments with Straumann original implant connections.

Using the new software capabilities, dental technicians who use the 3Shape Dental System software can design abutments and a range of customised prosthetics, including cobalt-chromium alloy, zirconium dioxide, and various full contour materials. These can be ordered with an original Straumann connection.

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event, this year we are involving esteemed speakers as well as fellow dental dealers who are eager to display the latest products in the dental field for 2014.

What are the challenges facing the dental lab order today? OPDL is an established order due to the solidarity of my fellow peers and colleagues. Its main challenge is to involve securing the rights of our colleagues and perform strict laws for those who would try to practice our profession illegally.

What are your recommendations to the fresh dental lab graduates? I would like to tell all fresh graduates to enrol immediately after their graduation in our dental laboratory order to ensure a better future and uphold the very well advanced CAD/CAM generated restorations are precise, predictable and much easier to produce. We are, beyond doubt, getting closer to our goal. The perfect restoration seems to be just around the corner.

“The human eyes and hands are not predictable when measuring and evaluating dimensions, angles, spaces, and all other calculations needed to achieve a satisfactory result.”

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• fluoride release
• easy and fast application

A Faster Way to Straight Teeth

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Dental Laboratories in the MEA region?
I would like to thank you for giving me the opportunity to share with your readers all the discussed topics and keep reading the Dental Tribune.