Current guidelines for the use of nitrous oxide inhalation analgesia/anxiolysis in pediatric dentistry

By Dr. Manal Al Halabi, UAE

Abstract

Inhalation sedation with nitrous oxide/oxygen is a safe and effective technique to reduce anxiety, the patient may be moved from that of an analgesic to an anxiolytic. This is of particular advantage in dental treatment as it provides a gradual transition from routine to sedation. Nitrous oxide/oxygen inhalation analgesia and anxiolysis involve activation of benzodiazepine receptors, which may be titrated easily. Most children find the experience of nitrous oxide/oxygen inhalation analgesia and anxiolysis acceptable and enjoy treatment in a hospital environment without the need for general anesthesia.

Introduction

After the analgesic qualities of nitrous oxide/oxygen were recognized in the 19th century, dental pracititioners experimented with nitrous oxide/oxygen inhalation analgesia and anxiolysis as a means of providing sedation to patients. The technique was initially limited to patients who were already sedated for general anesthesia. Over time, the technique has evolved to include patients undergoing diagnostic procedures such as computer tomography, endoscopy, electroencephalography and bone marrow biopsies.

Table 1. ASA Classification. American Society of Anesthesiologists.

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>I</td>
<td>Allergies and previous allergic reactions include:</td>
</tr>
<tr>
<td>II</td>
<td>Mild to moderate systemic disturbance, e.g. mild diabetes, moderate anemia, well-controlled asthma, not disabling.</td>
</tr>
<tr>
<td>III</td>
<td>Severe systemic disease, e.g. severe diabetes with vascular complications, severe pulmonary insufficiency, disabling.</td>
</tr>
<tr>
<td>IV</td>
<td>Severe systemic disorders that are already life threatening, e.g. signs of cardiac insufficiency.</td>
</tr>
<tr>
<td>V</td>
<td>Conditions of the moribund patient who has little chance of survival without surgical intervention.</td>
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</table>

Nitrous oxide/oxygen inhalation analgesia is offered to children with mild to moderate anxiety to allow them to accept dental treatment better and to facilitate coping across sequential visits. The nitrous oxide/oxygen inhalation analgesia/anxiolysis method has been successful in reducing anxiety in children undergoing dental treatment with due consideration to their individual needs and medical condition, involving the assistance of colleagues where appropriate.

The objectives of the Use of nitrous oxide/oxygen inhalation analgesia:

1. Reduce or eliminate anxiety.
2. Reduce untoward movement and reaction to dental treatment.
3. Enhance communication and patient cooperation.
4. Reduce the pain response threshold.
5. Increase acceptance for longer appointments.
6. Aid in treatment of the mentally/physically disabled or medically compromised patients.
7. Reduce gagging.
8. Potentiate the effect of sedatives.

Disadvantages of nitrous oxide/oxygen inhalation analgesia:

1. Weak potency.
2. Significant dependence on psychological reassurance.
3. Interference of the nasal hood with injection to anterior maxillary region.
4. Patient must be able to breathe through the nose.

Nitrous oxide pollution and potential occupational exposure health hazards.

Indications for the use of nitrous oxide/oxygen inhalation analgesia:

1. A fearful, anxious, or disruptive patient.
2. Certain patients with special health care needs.
3. A patient whose gag reflex interferes with dental care.

4. A patient for whom profound local anesthesia cannot be obtained.
10 Years of Successful “Continuing Dental Education”
by CAPPmea

By Dental Tribune MEA/CAPPmea

Dental Tribune MEA/CAPPmea will mark a significant milestone in the history of the Centre for Advanced Professional Practices (CAPPmea) in Dubai, which has come to celebrate its 10th anniversary. This event is a landmark not only for CAPPmea but also for the entire Dental Society in the Middle East, who have participated in CAPPmea’s Continuing Dental Education programmes. The dentists are those who are at the forefront, driving the industry in the right direction through valuable feedback, experience and increasing demand for high level technology and education.

Thanks to the hard work of our colleagues, sponsors, partners and supporters for the last 10 years, CAPPmea has built a frontrunner standard committed to the highest echelons of continuing dental education. A big “Thank You” is owed to all participants, followers and partners, having helped CAPPmea develop the professional training tools adjusted to the specific needs of the region.

CAPPmea has been an American Dental Association (ADA) CERP Recognized Provider for the last 5 years, specializing in CME and CPD dental programs - conferences, hands-on courses, workshops and self-instruction events. During the past 10 years, CAPPmea facilitated over 550 CME programmes with over 52,000 international participants taking part. With the opening of CAPPmea Asia in 2012, the professional reach of CAPPmea expanded to the Asia-Pacific region and beyond. In 2012 CAPPmea also joined a global family of 96 publishers by becoming the proud licensee owner of the Dental Tribune Middle East & Africa edition. Over the last 5 years, CAPPmea has delivered yearly six print and digital newspaper publications to over 45,000 dental professionals in the MEA region, 24 newsletters to more than 45,000 active online subscribers, and through an international web-site the latest industry news and scientific articles are reaching the largest dental community worldwide – an audience of over 900,000 dental readers.

A Decade of Education – Passion for Quality and Perfection
“It is unimaginable how fast time has passed. It is already 10 years that I started CAPPmea as a center for professional training, quickly growing into the creation of two very important international conferences, namely CAD/CAM & Digital Dentistry and Dental-Facial Cosmetic International Conferences. Today, even if I would want, it is not possible to stop these events. There is a huge demand for the education and showcasing of the fast developing dental industries.” Dr. Dobrina Mollova, Managing Director CAPPmea, emotionally commenting on the achievements.

The 10th CAD/CAM & Digital Dentistry International Conference will be celebrated jointly with CAPPmea’s 10-year anniversary. The journey in the last decade came along with many challenges related to the incredible pace of growth of industry and new technologies, particularly in digital dentistry. Ten years ago, one could not imagine that such opportunities existed. They are now able to change dentistry and improve dramatically the patient care. All this from diagnostics, planning to the treatment in term of precision, time consuming and aesthetic treatments.

What has been accomplished in the past 10 years is truly significant. CAPPmea would like to express its highest appreciation of the role of our business partners, industry, sponsors and supporters in helping CAPPmea make the success story that it is today. Thanks to all who have worked with CAPPmea, sharing the challenges and the passion that come along. Thanks to all dentists, dental technicians, dental hygienists and assistants, who followed us in this decade of fast development of dental industry and technology. We look forward to another decade of being together.

For more information please visit www.cappmea.com

CAD/CAM & Digital Dentistry significant growth in Middle East in last decade

By Dental Tribune MEA/CAPPmea

Dental Tribune MEA/CAPPmea: Where was CAD/CAM & Digital Dentistry 10 years ago?

Dr. Julian Caplan, UK: 10 years ago CAD/CAM was being heavily used by laboratories but still had limited capabilities chairside. The limitations of the camera and the software reduced the clinical options and the interplay between CAD/CAM technology in-surgery and CAD/CAM technology in-lab. The software was “OOP” but there were still few “players” in the market. There were a number of competitors beginning to enter the arena and this would be a catalyst for change. The majority of dental technicians did not want to be tied to one system or the other, they just needed the right tools. It was a lack of understanding on the dentists’ part as to what CAD/CAM was and what it could do. Many dentists were dealing with this as “Not for every dental field”. But with such a specialized event like CAD/CAM & Digital Dentistry Int’l Conf in Dubai, the awareness of this highly important field of Dentistry became more and more known and developed.

Dr. Munir Silwadi, Canada: 10 years ago CAD/CAM dentistry was more or less in its infancy stage. Though chairside systems, such as the CEERG chairside system from Sirona, were well in a reasonably advanced stage, most of the dental laboratories oriented systems were just learning to crawl. Very few dental manufacturers ventured into this technology. A side from some high precision milling units, such as the Everlight Milling Unit from KaVo, both hardware as well as software did not enjoy the required features to warrant predictable and precise restorations.

Dr. Mark Morin, USA: CAD/CAM was available but only provided a limited scope. The number of users was very small. There was only one company that made the machine. It could only do limited types of restorations and there were limited materials available to make the restorations.

Lutz Kretschmann, Germany: Digital dentistry was driven by closed systems, not allowing sharing of capacities not implemented, not even at most in people’s mind. The major driver for CAD/CAM were full ceramic restorations, ZrO2 an upcoming material with a lot of hope and trust - not always fulfilling all expectations technicians did -

this was mainly driven through a lack of understanding on the lab side though. I remember the Procera days, where a scanner which just could create single restorations was enough to win fans all around the world with a central manufacturing solution using ALOD, on the other hand a DC5 in-house system which was on exhibitions, grading restorations out of hip-material. The switch came with the ZrO2 green stage material, as it allowed to mill economically ceramic materials.

Even though there was no movement for open systems, the industry made the implementation of CAD/CAM possible, due to support and training of dental technicians. Information Technology was never part of the dental world and the majority of dental technicians did not even believe that soft and hardware would change their
whole working environment. Even just a couple of years ago, lab owners told me that they are still waiting for the right system to go for, unless there was the perfect system. I believe there is still no perfect digital solution, but we are getting closer. We have to admit however that hand craft was neither perfect - but we adapted perfectly to the conditions.

Rik Jacobs, The Netherlands: 10 years ago, the dental industry in terms of CAD/CAM was in an exploring stage, definitely in need of new operators. 10 years ago, the dental industry was experimenting with the digital solutions. We have to admit however that we adapted perfectly to the changing market as far as I can remember. Even just a couple of years ago, the dental industry was in the midst of radical change. Even though there is still no perfect digital solution, we are getting closer. There is still no perfect digital system. I believe there are many reasons why CAD/CAM has not been accepted in the profession. The first one is efficiency. The ability to do crowns in one visit helps increase the profitability of the dental office. It allows us to participate in more of these PPO type insurance plans since it helps us control our cost better than conventionally produced restorations. They can be manufactured in a faster and better reproducible way. CAD/CAM technology saves time, offers safer treatment methods, and makes practicing dentistry less stressful and more enjoyable.

Dr. Mark Morin, USA: The advantages that CAD/CAM offers to the dental practice over conventional technologies are numerous. The first one is efficiency. The ability to do crowns in one visit helps increase the profitability of the dental office. It allows us to participate in more of these PPO type insurance plans since it helps us control our cost.

Lutz Ketelaar, Germany: CAD/CAM allows a constant high quality of restorations, not only depending on manual skills in dental education - this is not the end of the classical dental technicians, otherwise we could also expect PC-gamers who play flight simulators to take over your next flight to Europe. Dental knowledge allows to use the instrument of CAD/CAM to become a perfect solution for an efficient workflow in high, mid and low price segment. Rik Jacobs, The Netherlands: 10 years ago, the dental industry in terms of CAD/CAM was in an exploring stage, definitely in need of new operators. 10 years ago, the dental industry was experimenting with the digital solutions. We have to admit however that we adapted perfectly to the changing market as far as I can remember. Even just a couple of years ago, the dental industry was in the midst of radical change. Even though there is still no perfect digital solution, we are getting closer. There is still no perfect digital system. I believe there are many reasons why CAD/CAM has not been accepted in the profession. The first one is efficiency. The ability to do crowns in one visit helps increase the profitability of the dental office. It allows us to participate in more of these PPO type insurance plans since it helps us control our cost better than conventionally produced restorations. They can be manufactured in a faster and better reproducible way. CAD/CAM technology saves time, offers safer treatment methods, and makes practicing dentistry less stressful and more enjoyable.

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SIRONA LLC founded in Dubai to support a direct operation for UAE private market

By Sirona

Dubai, UAE: Sirona GmbH, the German dental manufacturer, is a pioneer in high-quality dental care products with a specific emphasis on CAD/CAM technology. The company’s products are distributed worldwide, and its products are recognized for their exceptional quality, durability, and reliability.

In May 2015, Sirona LLC was founded in Dubai, UAE, to support the direct business operations in the Middle East region. This move was made to ensure that local dental professionals have access to the latest and most advanced dental products and services.

The company focuses on providing high-quality dental implants, restorations, and other products that are specifically designed to meet the needs of dental professionals in the region. These products are manufactured to the highest standards, ensuring that they meet the stringent requirements of the healthcare industry.

Sirona LLC offers a wide range of products, including cuspidors, prophylaxis cups, and other dental care products. The company is committed to providing the best possible experience for dental professionals and their patients.

The company’s presence in Dubai has opened up new opportunities for dental professionals in the Middle East region. By having a direct operation, Sirona can ensure that its products are delivered quickly and efficiently, meeting the demands of the market.

Sirona LLC has also established a sales and service network in the region, ensuring that its products are readily available to dental professionals. This network includes local dealers and distributors, who are well-trained and experienced in the use of Sirona’s products.

The company’s commitment to quality and excellence has earned it a reputation as a leader in the dental care industry. With its presence in Dubai, Sirona is well-positioned to continue providing high-quality products and services to dental professionals in the Middle East region.

Make sure you visit Platinum Sponsor Sirona at the upcoming 10th CAD/CAM & Digital Dentistry International Conference on 08-09 May 2015, Jumeirah Beach Hotel where we will present the latest trends and developments for the first time after the event.
FKG Dentaire launches first anatomic finisher for root canal treatments

By FKG

THE LATEST INNOVATION FROM FKG DENTAIRE LETS PRACTITIONERS TREAT COMPLEX ROOT CANAL SYSTEMS AND CLEAN ONCE IMPOSSIBLE-TO-REACH AREAS WITH MINIMAL IMPACT ON THE DENTINE. MADE WITH A HIGHLY FLEXIBLE Ni-Ti-BASED ALLOY, THE XP-ENDO FINISHER FOLLOWS THE CONTOURS OF THE CANAL WITH AN IMPROVED REACH OF 6MM IN DIAMETER — OR 100-FOLD THAT OF A STANDARD INSTRUMENT OF THE SAME SIZE.

“WITH THE XP-ENDO FINISHER, WE CAN FINALLY SOLVE A COMMON PROBLEM FOR DENTISTS,” SAID THIERRY BOSSAIRE, CEO OF FKG DENTAIRE, ONE OF THE WORLD’S LEADING MANUFACTURERS OF ENDODONTIC INSTRUMENTS. “THEM NOW BE ABLE TO REDUCE THE RISK OF FUTURE INFECTION BY OFFERING PATIENTS A DEEPER CLEANING FOR A BETTER ROOT CANAL TREATMENT.”

Studies using micro CT technologies show that standard NiTi files manage to clean just 45 to 55 per cent of the canal walls, leaving debris and bacteria to accumulate in areas left untouched. However complex the morphology of the canal, dentists can use the XP-endo Finisher following a root canal preparation starting at diameter ISO 25. A unique FKG alloy, the MaxWire (Martensite-Austenite electropolish-flex), gives the instrument unparalleled flexibility so it can remove debris from those hard-to-reach areas, while limiting the impact on the dentine.

“NOW (THE CANAL) IS CLEANER, PERHAPS TWO TO THREE TIMES COMPARED TO THE CONVENTIONAL TECHNIQUES WE HAVE TODAY,” SAID DR. GILBERTO DEBELIAN, NORWAY.

The instrument also features a strong resistance to instrument fatigue, thanks to its zerotaper design, and is simple enough for dentists to quickly learn to use.

The XP-endo Finisher joins a growing list of innovative high-precision products patented by FKG Dentaire to meet the most demanding needs of general practitioners and endodontists around the world.

Interview with Dr. Martin Trope

By Dental Tribune MEA/CAPNews

DENTAL TRIBUNE MEA HAS THE PLEASURE TO INTERVIEW DR. MARTIN TROPE, PAST ENDO PROGRAM DIRECTOR AT UNIVERSITY OF PENNSYLVANIA, AND CHAIRMAN OF THE ENDO DIVISION AT TEMPLE UNIVERSITY DENTAL SCHOOL AND UNIVERSITY OF NORTH CAROLINA DENTAL SCHOOL. DR. TROPE WAS ALSO THE DIRECTOR OF THE AMERICAN BOARD OF ENDODONTICS.

DENTAL TRIBUNE MEA: DR. MARTIN TROPE, YOU HAVE LECTURED AND PROVIDED TRAINING IN THE MIDDLE EAST SEVERAL TIMES. WHAT IS YOUR EXPERIENCE AND FEELING OF THE LEVEL OF ENDODONTICS IN THE MIDDLE EAST REGION?

Dr. Martin Trope: The level of the dentists who have attended my courses is very high. I don’t really know the general level of endodontics in each country. The variability comes in what the dentist can afford in terms of cutting edge technology. In some countries the fees charged for root canal treatment limits what the dentist can afford. This is a universal problem so not limited to the Middle East.

How important is it for a dentist to specialize, particularly in Endodontics and what is the reason you chose to do so?

There are some cases that require additional expertise. I don’t think it is important for a dentist to specialize but to recognize those cases where a specialist is needed. I like to do one thing well so endodontics suits my character although I must admit sometimes it can be very tedious.

How do you stay up to date with the latest technologies

> Page 41

3D efficiency — optimal cleaning while preserving dentine

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The first impression is the final impression, but…?

By Dr. Ehab Heikal

From a fancy looking clinic to a friendly smile, first impressions are no doubt the most vital impression you will ever make in business so it is important to get it right first time.

But no, this does not just mean making sure that your feet aren’t on the desk when serving a customer or making sure there is a permanent smile imprinted on your face at all times. It is more about the other details.

First impressions are really important in any industry, but in the current economic climate they are more important than ever before. Our patients are continually faced with making so many decisions that we have to make the right impressions in their minds to make it easier for them to choose. This is a vital part of any dentist practice management program.

Shifting away from an obsession with first impressions is vital as it can be very encompassing, so shift well clear of only treating your patients extremely well on your first ever contact with them. We all know that in the current economic situation it can be very important in any industry, but in dentistry it is vital to deliver what you promise in your marketing. If you exceed the expectations your patients will walk into your practice with, they will have developed a fan for life!

Incorporating a "WOW" customer experience whilst your patients are with you often exceeds the good impression process. Taking positive steps to developing a good solid reputation is the way to gain customer confidence and this can be built by using a series of techniques.

Create A Good First Impressions At Your Clinic:
- Make sure you know how you are portraying yourself to your patients. What is the message you are sending to your market.
- If you do not know your message, create one and define it.

The foundation of this usually involves creating a unique selling advantage.
- Then create a good marketing strategy, which will attract the right type of patients to your practice. The kind of patients who are more likely to be interested in your specific type of dentistry or service.
- You need to get your entire team in on the action of what you are trying to do.
- Create systems within the clinic on accomplishing the unique experience for your patients, which compiles with your marketing message.
- Customer service is a key element and excellent provision of your dentistry.

How are we doing? Getting the best from your staff

By Fiona Stuart-Wilson

It we lived in an ideal world where nothing ever went wrong, patients always took up treatment plans and arrived for their appointments on time and staff never went sick we probably wouldn’t need to talk about managing performance. Although, we might want to believe that staff know what they need to do and will get on with it to the best of their ability at all times, we all know this is unlikely to happen.

The success of your practice is in the hands of everyone within it and depends on their delivering a good service. Any weak link in the chain will have a negative effect on your practice and on your ability to deliver a world-class service to patients and run a successful dental business. The point of managing performance is to make sure that the performance of your team contributes to the overall practices goal and taking action to improve things when this does not happen.

If you manage performance effectively it will mean that everyone in your practice understands:
- what the practice is trying to achieve;
- their role in helping the practice achieve its objectives;
- what they need to know and what they need to be able to do to fulfill their role;
- the standards of performance required;
- how they can develop their own performance and contribute to development of the practice;
- how they are doing, and if there are performance problems what can be done about them.

However, good performance management looks at how people do their job as well as what they get done. So, how a person approaches their job, or the way they behave as part of a team or communicate with patients and the rest of the team is just as important as what tasks they ac-

Even if you have excellent employees who are good at their jobs, if they do not feel valued, or do not receive feedback, they will not be as productive as they could be.

What are the types of feedback:
- Constructive feedback where specific things are said that need to be done better or that are done well.
- Open feedback which is an honest opinion of a person’s work.

The more you offer your staff feedback, the more productive they will be and the less you will spend dealing with performance issues.

It is important to note that your staff’s expectations are created not only from your behaviour but also from your environment and how they get done. So, how a person approaches their job, or the way they behave as part of a team or communicate with patients and the rest of the team is just as important as what tasks they ac-

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Look at the bigger picture

By Eniko Simon

Analyze data to understand the performance of your dental business. There are many important decisions we have to make when managing a dental clinic—make these decisions on gut instinct or based on previous experiences or by analyzing data that is available for us.

Most of the dental clinics I have been working with had some understanding of the power that data can add to their business. It is essential that you regularly track a wide range of data across your clinic to allow you to have a good understanding of your business. Now days there are fantastic dental software such as Software of Excellence or R4 very well known on the market. These dental software can assist dental businesses to analyse important key performance indicators gain a better understanding of their business.

Some data that you need to look at – who are your patients, how did they hear about your clinic, nationality, age group, your chair occupancy in your clinic, the hourly turnover your associates generating, how many new patients you have monthly and many more KPIs we can look at. Undeniably collecting clean and reliable data and analysing it in a consistent way is part of 21st century management.

Data is the fundamental ingredient in decision making, figuring out where to focus your resources, create your targeted marketing approach.

Taking control of your data
The data on its own has no meaning, it can not provide the full picture, it does not take into account the values you stand for and the culture you trying to create in your dental business or your patients' personal feelings they feel about your clinic.

Practice data alone can not be used to guide the success of the clinic. In order to fully utilize the facts and figures they need to be put into context. Hours spent collecting data is wasted if the bigger picture not taken into consideration.

The clinic’s short and long term goals needs to be agreed upon and once you are on your journey the collected data can demonstrate if you are on the right track to achieve your goals.

The numbers provide an effective tool to help manage and control the growth and development of your dental business but do not set the strategy you need to adopt.

Constantly analyse your data – look at how your clinic is performing. The right data at the right time will aid your decision making process regarding your finances, marketing, operations of your clinic – but be ensure that you control your data and put it into context.

Always understand the “whys” to know the way forward to the “hows”.

Contact Information
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The winning combination – CAD/CAM work and 3D CBCT data in one software

By Planmeca

The field of digital dentistry is rapidly evolving, with new dental technologies emerging as part of a more efficient and comprehensive workflow. By pairing Planmeca CAD/CAM solutions with X-ray units in the Planmeca ProMax® 3D family, dental professionals can bring together a wide range of detailed information for treatment planning and diagnostic purposes. This seamless combination of CAD/CAM and 3D CBCT technology has opened new doors in creating a new standard of care for patients – offering high-quality features for different specialties, all available through one software interface.

Planmeca Romexis® is the only dental software platform in the world to combine all imaging and the complete CAD/CAM workflow. This powerful solution is at the heart of the Planmeca ecosystem, as it provides dental professionals with the ability to acquire more detailed data sets than ever before. Planmeca Romexis includes advanced tools for all specialties, such implant planning and other restorative treatments. The software presents dental clinics with a superior way to increase their patient flow and improve the level of care offered.

Seeing more than ever before.

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Bringing together CBCT data and CAD/CAM work provides a comprehensive level of treatment predictability. Planmeca ProMax® 3D imaging units reveal intricate information on soft and hard tissue structures, including the mandibular nerve canal, while the Planmeca PlanScan® intraoral scanner captures precise data above the gum line. This combination of these data ensures a complete understanding of any case and makes 3D prosthetic designing quick, accurate and easy. Clinics are able to operate more flexibly, as restorations can either be milled at a clinic with the Planmeca PlanMill® 40 milling unit, or easily sent to a dental lab in an open STL data format.

The rise of same-day dentistry A more active role in the manufacturing of restorations opens up avenues for dental clinics to significantly increase their patient volume and grow their business. A streamlined digital workflow ensures the full utilisation of resources, leading to a more efficient treatment environment. Same-day dentistry is as beneficial for patients as it is for clinics: instead of two visits, patients can be treated in one hour – with no temporary crowns or physical dental models required.

Open architecture for maximised efficiency Standardised data is the driving force behind many of the latest developments in digital dentistry, as it guarantees the interoperability of images and dental data across different hardware platforms – reducing costs, increasing predictability and enhancing patient safety. Bringing Planmeca’s CBCT and CAD/CAM systems together through the Planmeca Romexis software platform makes effective chairside dentistry a reality and presents dentists with a streamlined opportunity to substantially grow their practice.

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C.E. Magazines

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5. A cooperative child undergoing a lengthy dental procedure.

Contraindications for the use of nitrous oxide/oxygen inhalation analgesia:

Contraindications for use of nitrous oxide/oxygen inhalation may include:

1. Some chronic obstructive pulmonary disease
2. Common cold, tonsillitis, nasal blockage
3. Pre-cooperative children
4. Severe emotional disturbances or drug-related dependence

4. Severe emotional disturbance

Technique of nitrous oxide/oxygen inhalation sedation:

The effects of nitrous oxide are largely mental and psychologicalessence. Therefore, it is important to continue traditional behavior guidance techniques during treatment. Once the nitrous oxide flow is terminated, 100 percent oxygen should be delivered for five minutes. The patient must return to pretreatment responsiveness before discharge.

Monitoring:

The response of patients to commands during procedures performed with analgesia/anxiolysis serves as a guide to their level of consciousness. Clinical observation of the patient must be performed during any dental procedure. During nitrous oxide/oxygen analgesia/anxiolysis, continual clinical observation of the patient’s responsiveness, vital statistics, respiratory rate and muscle tone are be performed. Spontaneous responses provide a reliable indication that the patient is breathing. If any other pharacologic agent is used in addition to nitrous oxide/oxygen analgesia/anxiolysis, a local anesthetic, monitoring guidelines for the appropriatereceiving rate of sedation must be followed.

Adverse effects of nitrous oxide/oxygen inhalation:

Nitrous oxide/oxygen analgesia/anxiolysis is an excellent safe record. When administered by trained personnel on carefully selected patients with appropriate equipment and techniques, nitrous oxide is a safe and effective agent for providing pharmacological guidance of behavior in children. Adult and chronic adverse effects of nitrous oxide on the patient are rare. Nausea and vomiting are the most common adverse effects (occurring in 0.5 percent of patients). A higher incidence is noted with longer administration of nitrous oxide/oxygen, fluctuations in nitrous oxide levels, and increased concentrations of nitrous oxide. Typically, if a child appears restless during the course of administration of nitrous oxide/oxygen, they might be ready to vomit or they might be entering a deeper stage of sedation. Fasting is not required for patients undergoing nitrous oxide analgesia/anxiolysis. The practitioner, however, may advise that only a light meal be consumed in the two hours prior to the administration of nitrous oxide. Diffusion hypoxia can occur as a result of rapid release of nitrous oxide from the blood stream into the alveoli, thereby diluting the concentration of oxygen. This may lead to headache and dizziness and can be avoided by administering one to two minutes of 100 percent oxygen after nitrous oxide has been discontinued.

Documentation:

Informed consent must be obtained from the parent and documented in the patient’s record prior to administration of nitrous oxide/oxygen. An explanation of the sedation technique to be proposed and of any alternative methods of pain and anxiety control must be given. In advance of the procedure, the child and their parent or guardian must be given clear and comprehensive pre- and post-operative instructions in writing. The practitioner should provide specific instructions to the parent regarding pretreatment dietary precautions, if indicated. In addition, the patient’s record should include indication for use of nitrous oxide/oxygen inhalation, nitrous oxide dosage (ie, percent nitrous oxide/oxygen and/or flow rate), duration of administration of a particular oxygen procedure. The record should also include documentation of the response to the use of nitrous oxide and the postoperative instructions. Any adverse effects of the sedation must be reported.

Facilities/personnel/equipment:

All newly installed facilities for delivering nitrous oxide/oxygen must be checked and calibrated regularly. If nitrous oxide/oxygen delivery equipment capable of delivering more than 70 percent nitrous oxide and less than 50 percent oxygen is used, an inline oxygen analyzer must be used. The equipment must have an appropriate scavenging system to minimize room air contamination and occupational risk. A thorough check of the equipment must be carried out in advance by the dental personnel any time nitrous oxide/oxygen analysis is to be used.

The practitioner who utilizes nitrous oxide/oxygen analgesia/anxiolysis for a pediatric dental patient shall possess appropriate training and skills and have available the necessary personnel, equipment and agitation to manage any reasonably foreseeable emergency. Training and certification in basic life support are required for all clinical personnel. This training should be in accordance with the American Heart Association’s guidelines for CPR and AED.

OCCUPATIONAL SAFETY

In the medical literature, long-term exposure to nitrous oxide used as a general anesthetic has been linked to bone marrow suppression and a decrease in hematocrit levels. Severe obstructive pulmonary disease, congestive heart failure, sickle cell disease, acute otitis media, recent tympanic membrane graft, and acute severe head injury.

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Our target is to connect doctors with the highest quality products and services to the dentists and dental professionals.

Our mission:

We make more great art and artisanship to your patients smile.

Our work:

Ceramic work
Zircon work
In ceram work
In ceram support by zirconium 30%
E-Metal work
Implant work
Acrylic work
Chrome cobalt work
Orthodontic work
Aesthetic Smile work

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