Australian government plans to terminate child dental care scheme

By DTI

CANBERRA, Australia: The Australian government has recently announced its intention to end the Child Dental Benefits Schedule (CDBS) from 1 July 2016 as part of the upcoming federal budget. The Australian Dental Association (ADA) has warned that over 3–4 million children in the country who would otherwise not have access to dental care now stand to lose A$1,000 worth of dental care every two years.

“The Australian Government’s plan to end the scheme effectively will remove a key programme which has been helping low-income families’ children get much needed dental care,” ADA President Dr Rick Olive, AM, commented. “The Australian Government is removing its commitment to the early investment in children’s oral health. This will lead to lifelong dental issues, which will impact on their general health, welfare and livelihood,” he added.

Through the scheme, which commenced on 1 January 2014, dentists across Australia delivered over 9.7 million dental services, including examinations, radiographs, dental cleaning, fissure sealing, fillings, root canals and extractions, to eligible Australian children in its first two years of operation. “97 per cent of these services have been at no cost to the patient,” Olive said.

The ADA stated that, according to the proposed plan, the CDBS will be replaced with the Child and Adult Public Dental Scheme, which supposedly substitutes a budget allocation of A$615 million per year to treat three million children with one of A$425 million per year to assist five million adults and children.

The association further said that if the government were serious in its wishes to deliver dental care to a wider section of the population it must not only retain the CDBS, but also develop additional similar schemes that will focus on needy sectors of the community, as identified in the National Oral Health Plan signed off on by all Australian government health ministers.

The ADA has now called upon its members and the public to sign an online petition at http://bit.do/savetheCDBS against the plans to end the scheme. To date, it has gained over 18,261 signatures.
University of Hong Kong tops list of world’s best dental faculties

By DTI

HONG KONG/LEIPZIG, Germany: The orthodontic segment has come third in this year’s list. Hong Kong has been ranked third in this year’s list. Hong Kong was established in 1982 and has thus relegated the University of Hong Kong to its former position.

Training courses in dental hygiene are also provided at the associated teaching hospital. The faculty recently established Hong Kong’s first Infection Control Teaching Suite, which provides hands-on training for future dentists and dental hygienists.

Dean Prof. Thomas Frank Flemming said that the faculty is planning for significant growth in the upcoming years. “In order to address the shortage of dentists in Hong Kong, we will take in more undergraduate students. There will be an approximate 40 per cent increase in the number of students admitted to the Bachelor of Dental Surgery program in the fall of this year.”

The annual QS World University Rankings highlight the world’s top universities in 42 subjects, based on a wide range of measures to assess academic reputation, employer reputation and research impact. The rankings aim to help prospective students identify the world’s leading institutions in their chosen field, with the list of subjects extended each year in response to high demand for subject-level comparisons.

DTI launches new international orthodontic magazine

By DTI

HONG KONG/LEIPZIG, Germany: The orthodontic segment has grown significantly within the past 20 years owing to new technologies and products, as well as an increase in adult patients requesting orthodontic treatment. In response to this trend and to update dentists on the most significant developments in the field, Dental Tribune International (DTI) has added ortho—international magazine of orthodontics to its portfolio.

The 2016 issue includes articles on clear aligners, vibration therapy and rapid maxillary expansion, as well as the latest product information and event previews.

The new high-gloss English-language magazine adopts an interdisciplinary approach involving orthodontics, oral surgery, periodontics and restorative dentistry, and aims to serve as an educational tool, providing comprehensive knowledge and information on the newest technology that can profitably be integrated into treatment concepts. The publication, which will be distributed at all major international orthodontic congresses and exhibitions, presents the latest research and case studies, as well as trends in procedures and techniques.

In order to connect with orthodontic specialists, the DTI team is scheduled to attend a number of orthodontic events around the globe in 2016, including the 23rd Congress of the European Orthodontic Society, which will take place between 11 and 16 June in Stockholm in Sweden, and the fourth Scientific Congress for Aligner Orthodontics, to be held on 18 and 19 November in Cologne in Germany. DTI will be providing comprehensive live coverage of these and other events on its website. In addition, e-newsletters sent to orthodontists worldwide.

From 2017, a new issue of the ortho magazine will be published twice a year with a print run of 4,000 copies. An e-paper edition of the magazine is available free of charge via the DTI online print archive.
EU reaches deal over medical devices regulation

By DTI

BRUSSELS, Belgium: The European Parliament and the Council of the European Union have announced a breakthrough in negotiations concerning the overhaul of medical device legislation. After almost four years, the EU bodies have agreed on a new system of quality and safety regulations affecting all medical device manufacturers. The rules are expected to be adopted by early 2017.

Essentially, all devices will have to undergo more thorough assessment of safety and performance before they can be sold on the European market. Control processes are to be radically reinforced, aimed at giving European patients and consumers rapid access to innovative, cost-effective devices. According to the European Commission, manufacturers shall benefit from clearer rules, easier trading between EU countries and an equal competitive environment that excludes those who do not comply with the legislation. The new regulations take particular account of the specific needs of the many small and medium-sized manufacturers in this segment.

The main elements of the law include wider and clearer scope for EU legislation. Software, instruments, apparatus, appliances and implants will all qualify as medical devices and be subject to the new safety and performance requirements. According to the press release, the regulations will help manufacturers to improve their devices continuously based on the latest clinical data and thereby maintain a high standard of quality. A central database will give manufacturers and patients all relevant information, such as certificates and clinical investigations.

Other elements include stronger supervision of independent assessment bodies by national authorities, as well as greater power and obligations for these assessment bodies, to ensure thorough testing and regular checks. Manufacturers should expect unannounced factory inspections and sample testing of devices that are already on the market. In addition, the regulations are intended to establish clearer rights and responsibilities for manufacturers, importers and distributors, which will apply also to diagnostic services and Internet sales, as well as better traceability of devices throughout the supply chain owing to a unique identification number. Finally, patients participating in clinical investigations will be better protected.

According to the Council of the EU press release, the new rules are aimed at ensuring that medical devices and in vitro-diagnostic medical devices are safe in two ways: strengthening the rules on releasing devices to the market and tightening surveillance once they are available. Furthermore, the agreement seeks to ensure that patients have timely access to innovative health care solutions.

For dental dealers, the regulations might jeopardise existing agreements if manufacturers are unable to achieve the level of quality that the new body requires. Furthermore, dental organisations will be forced to cancel preferred supplier arrangements and look elsewhere for partners.

The next steps

In mid-June, the Council of the EU’s Permanent Representatives Committee is expected to endorse the agreement, while the European Council and the parliament will probably follow by the end of the year after a thorough review process. The new regulations will apply three years after entry into force.

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NOW AS A FLOW!
SHOFU helps clinicians polish in a snap

By DTI

SINGAPORE: Super-Snap X-Treme, the newest addition to the time-tested Super-Snap range developed by SHOFU, is intended to achieve a naturally lustrous polish on all types of direct aesthetic resin restorations. Used sequentially with the coarse-grit (black) and medium-grit (white) Super-Snap discs, the extra thick, aluminium oxide-impregnated Super-Snap X-Treme polishing discs are more resilient and provide the desired tactile feel while polishing to a natural gloss, the manufacturer said.

The advanced 3-D coating technology used in the surface contour of the finest Super-Snap X-Treme disc (red) assures a satiny smooth and lasting shine. The semi-spherical surface architecture of the red disc allows debris discharge to avoid clogging and secondary scratches while preventing heat build-up during the polishing process.

The disposable, doubled-sided Super-Snap X-Treme discs are available in green (fine grit) and red (superfine grit) and come in 12 mm (standard) and 8 mm (mini) sizes. They are packaged in kits of 50 pieces each of the green and red discs in assorted standard or mini sizes, as well as refills of 50 of the individual discs.

MIS previews new B+ implant surface

By DTI

BARCELONA, Spain. Only about one year after the launch of its revolutionary V3 Implant System in London, MIS Implants Technologies previewed its new B+ implant surface at the MIS Global Conference in Barcelona last month. As preliminary research results indicate, the novel surface treatment enhances early osseointegration with greater fixation of the implant, helps maintain long-term implant stability and reduces the risk of implant failure significantly.

The new implant surface is based on SurfLink technology, which was developed over a period of 12 years by Swiss company NBMolecules in collaboration with various academic institutions in Switzerland. It consists of a permanently bound layer of hydrophilic phosphorous-rich molecules applied to the implant surface, can be used with metallic or ceramic dental and orthopaedic implants, and offers a range of benefits not found with any other surface treatment currently available.

In Barcelona, Dr Björn-Owe Aronsson, Executive Director and Chief Technology Officer at NBMolecules, introduced SurfLink to conference participants. He concluded that SurfLink is a unique bio-mimicking implant surface treatment resulting in a bone-like surface. Its unique properties make the implant hydrophilic, allowing for a new type of integration by eliminating the micro-gap between the bone and the implant, and enhances fixation at an early stage for long-term stability. Thus, the implant surface helps produce predictable results in challenging cases, such as patients with compromised bone healing and poor blood supply.

In addition, Dr Marco Esposito, Associate Professor of Biomaterials at the Sahlgrenska Academy in Sweden, presented the first clinical data on the new implant surface. Results from preliminary studies have shown that B+ is clinically safe, he stated. In order to verify the findings in larger cohorts, several universities are currently conducting tests in humans, with over 100 participants.

At a press meeting during the conference, Doron Peretz, Senior Vice President of Marketing and Development at MIS, explained that, together with the V3 Implant System with its unique triangular shape for enhanced hard- and soft-tissue regeneration around the implant, the B+ implant surface is the only real innovation in the dental implant market in the last seven years and thus positions MIS as the leader in the value segment.

In an on-site interview with Dental Tribune Online, Prof. Mariano Sanz from the Complutense University of Madrid in Spain, said: “The implications of the B+ are very interesting. The preliminary results that were presented at this conference show that the B+ helps create a very stable interface. Reaching osseointegration is important and can be achieved through many implant surface treatments today. However, maintaining osseointegration is the most crucial aspect of dental implantology. If the B+ proves to do exactly this in the ongoing studies, then I believe it will be a great innovation.”

The B+ will be available in March next year after the International Dental Show in Cologne in Germany. Sales of the V3 implant system started in the last quarter of 2015 in eight countries. To date MIS has sold about 20,000 of these implants.
“We are working hard on targeting new markets”

An interview with Oliver Klein, BEGO Implant Systems

Dental implantology is in a constant state of change. New implants, surgical protocols and innovative materials present dental professionals with the challenge of identifying technically reliable and high-quality solutions. For the past 25 years, German dental company BEGO has been well known for its implant systems. Dental Tribune spoke with Oliver Klein, Director of International Sales and Business Development at BEGO Implant Systems, about the company’s implant solutions and its next steps into Asia.

Dental Tribune: Your BEGO Semados RS/RSX 3.0 implants have been available for over a year now. Intended for the restoration of incisors, they use an advanced connector design to ensure optimal stability. This technology is being used by an increasing number of international dental implant manufacturers. What distinguishes RS/RSX 3.0 from competing solutions?

Oliver Klein: The main advantage of the RS/RSX 3.0 is the true diameter of 3 mm. This implant line is mainly indicated for narrow anterior gaps. In addition, the user can select between two different implant types: a machined collar and a rough collar for solutions in the aesthetic zone. The dentist can choose the most suitable solution for all prosthetic indications from a wide range of abutments.

Could you please elaborate on the Semados range of solutions? What different types of implants and prostheses does BEGO offer?

The BEGO Semados implant family consists of several implant lines for different indications. The well-known S-Line, launched 25 years ago, is the global top seller. Owing to its straight implant shape and the simple surgical procedure, this implant system became a reliable brand on the market. The tapered, self-condensing RS- and Mini-Line implants are mainly used in poor bone qualities and quantities. The RS/RSX-Line—the implant twins—are becoming increasingly popular owing to their conical implant shape and self-tapping thread design. The concept of platform switching has been adapted to the RS/RSX-Line and an additional prosthetic line (PS-Line) has been developed. The implant family has been completed with a provisional implant (PT-Line). A complete range of prosthetic components is available, including screw-retained bridge restorations (MultiPlus) and CAD/CAM solutions.

What is the major purpose of the BEGO Guide System, and how does it help dentists to better plan and place the company’s implants?

With the BEGO Guide Trays (available for the S- and RS/RSX-Line), the user can plan the implant positions properly using various software programs and reduce treatment time owing to predictable implant positioning and prosthetic rehabilitation. The convenient handling of the tools, especially the self-locking spoons, has more and more implantologists convinced.

BEGO have introduced its implant technologies in different markets, such as the Middle East and Asia Pacific. What has the response been so far? Which markets will be targeted next?

We have already been very successful in China and Taiwan, and our products are available in several smaller markets too. To provide a better service and strengthen our further growth in the APAC region, we opened an office in Hong Kong in February. We are launching our products in Vietnam in the third quarter of this year and are pursuing market entry to Thailand and Australia. We are very pleased to have had a great response regarding our product portfolio, quality and service. Products made in Germany and offered by a family-owned company are very popular in these markets. The same applies to the Middle East, where we are very active in Turkey, Saudi Arabia and Iran—just to name some countries. Also in this region, we are working hard on targeting new markets to extend our business and meet our substantial growth goals.

Thank you very much for the interview.
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Growing a successful dental implant clinic

By DTI

In April 2016, Dr Ian Lane, a managing partner at Queensway Dental Clinic, together with Richard Elliott, Managing Director of Queensway’s Dental Laboratory, presented a webinar to a global audience of over 350 dentists, giving their insights into what they feel have been the most fundamental factors of growing a successful dental implant clinic.

Queensway Dental Clinic (www.queensway.co.uk) was founded in 1993, when Dr Paul Averley took over the north-eastern clinic. At the time, it was at the heart of an area where the population’s oral health was significantly lower than that of the national average. Over the next 23 years, the practice grew from a four-surgery practice during that time. However, as of 2011, the business model started to change and the partners turned their attentions to expanding the private side of the clinic. By applying the same principles learnt in Seattle in the US—five of only 15 practitioners in the UK to have done so. This significant achievement is still likely to end soon; indeed, the relationship we share with Nobel Biocare seems in no way to the implant provider since 1993 (with the exception of a very short departure in 2009), Queensway Dental Clinic has used Nobel Biocare implants. “It’s the mix of quality service and quality products,” explained Lane. “We don’t use cheap products and Nobel Biocare doesn’t provide them. In all, it helps us minimise the risk to our patients and enables us to achieve excellent results.”

Working with Nobel Biocare enables the Queensway team to use a variety of different techniques, including immediate loading, and provides the opportunity to scan and plan treatments in full 3-D. It also allows the clinical staff of Queensway to liaise effectively with the laboratory staff, expediting and improving the process from start to finish.

Lane suggested that this success can largely be attributed to the Queensway ethos with its patient-centred approach to dentistry. “We focus on holistic care, meaning there is real choice for the patient, as well as ensuring that shared decisions are made, over which patients have full control.”

“We have always invested in our team,” continued Lane. “Indeed, the strong foundations of our clinic have been built on the knowledge and experience of our team. To build a truly successful implant practice, every single member, it has seen its nursing teams progress and be possible without the part —as attain the dental implant

Indeed, owing to the training provided by the Kois Centre, as well as the benefits of Nobel Clinician Software, the team at Queensway has managed to streamline their case assessment and treatment planning process. “We’re all speaking in the same language now,” said Lane. “We can provide effective risk assessments for our patients, deliver effective and reliable treatment plans for implant treatments, design our patients’ smiles, provide diagnostic assessments with models and photos, and review cases with the entire team present.”

Vital to all this, Lane went on to explain, are communication and working alongside colleagues who all have the same skill and experience. “This is why,” he said, “we take our training and education seriously at Queensway.”

Of course, it is not just the clinical skills that contribute to the success of an implant practice. Queensway Dental Clinic has striven to improve the training of its front-of-house staff to ensure that patients receive only the very highest standard of service from the moment they enter the practice. This has included sending the team on lunch- and learn sessions with Nobel Biocare representatives, having case cards developed to act as prompts on the phone, and giving each of the staff the necessary understanding of implant treatment options in order for them to communicate this effectively to prospective and current patients.

Furthermore, Queensway understands the importance of investing in the skills of its partners and takes great pride in the individual achievements of its team members. Indeed, the partners at Queensway Dental Clinic have all graduated from the Kois Centre in Seattle in the US—five of only 15 practitioners in the UK to have done so.

“The skills we have learnt at the Kois Centre have transformed the way we practise,” said Lane. “As well as improving the outcomes we can achieve for our patients. Seeing many patients who have suffered from many different problems with their teeth, it’s vital that we have the skills—like those that the Kois Centre teaches so well—to be able to manage the complexity of these cases in a reliable way. Without a doubt, these skills have also enabled us to reassure our patients that they are being treated with the most up-to-date and predictable procedures and techniques.”

Elliott too graduated from the Kois Centre and was the very first technician in the UK to have done so. This significant achievement is mirrored in the way Queensway invests in the skills and CPD of its laboratory technicians, representing recognition of the importance of technicians in the provision of implant therapy.

This kind of professional knowledge, when brought together effectively with clinical, technical and management skills, has been one of the greatest contributing factors to the success of Queensway’s implant business. “It’s been a challenge,” admitted Lane, “and it requires excellent communication from all aspects of our business, but it has certainly paid dividends—and it certainly would not have been possible without the relationship we share with Nobel Biocare.”

This relationship seems in no way likely to end soon, indeed, the team at Queensway Dental Clinic and laboratory has found working with Nobel Biocare so effective that it has seen an 87 per cent increase in spending on Nobel clinical products, as well as a 250 per cent increase for laboratory items since 2011. “Having a single
company solution in our busy practice has been incredibly useful in boosting our business,” said Lane.

The figures speak for themselves. Since 2011, Queensway Dental Clinic has experienced an increase in its implant turnover of 220 per cent with up to 50 per cent of all of its private activity originating from its provision of implants. There has also been a concurrent growth of 25 per cent in its laboratory business and this can be directly linked to its implant success.

However, having the knowledge and the products is just one part of achieving success. Putting everything into practice represents the greatest struggle for a large and busy centre like Queensway Dental Clinic. For this reason, the team strives to follow five essential tenets to ensure success.

Firstly, it is important to provide one point of contact. Lane explained that having so many disciplines together under one roof has created a service in which patients can feel confident. Rather than being passed around between different teams, patients at Queensway can conveniently be treated by one dedicated and well-trained team.

Furthermore, Queensway invests in progressive treatment protocols. The team works hard to ensure patients’ teeth can be restored in the shortest predictable time. This includes adopting new technologies and techniques, as well as learning to communicate effectively with all necessary services to ensure the optimum result can be achieved in the shortest, safest and most non-traumatic manner.

While Lane emphasised the importance of communication within the Queensway team, he also stressed how important it is to communicate effectively with patients. By conducting applicable and in-depth research of the patient demographic in the area, the Queensway team can target its treatments to those who need them most. This information can then be transferred to tried-and-tested marketing campaigns, such as those used on the practice website, through Google or via social media. Queensway also utilises local advertising, which can often be the most successful method of reaching patients in the area.

Lane explained how crucial it is to invest in a good website: “As one of the main points of contact for most patients, a website has to be responsive; it has to be image led and easy to navigate. Our website is both smartphone and tablet friendly, in recognition of the massive usage of these two devices. All of the images on our website are of our own patients as well—no stock images are used.”

Another key factor of Queensway’s success is its ability to accept high-end treatments at any time. This means that whenever an enquiry is made about any treatment, it can be answered succinctly and accurately by a member of the team who understands precisely what is needed. Queensway Dental Clinic has a highly trained treatment adviser who can answer these queries, and the clinic offers a free 30-minute consultation with an implant dentist.

Lastly, Queensway Dental Clinic recognises the importance of delivering patient satisfaction and encouraging patients to recruit others. According to Lane, “At Queensway approximately 80 per cent of all new patient enquiries are made through word of mouth or recommendations.”

Everything the Queensway team does is geared towards ensuring that patients receive a service they cannot help but recommend. By carrying out monthly patient surveys, running patient forums and open evenings, taking testimonials and Google reviews, and building up a strong referral network, the Queensway team can collect, review and build upon patient feedback to ensure that its service always reaches a high standard.

In conclusion, by investing in exceptional training, by communicating effectively, by working with high-quality and supportive companies, and by maintaining high levels of service, Queensway Dental Clinic has achieved a great deal over the last 20-plus years. The dedication and hard work shown by its team are a testament to its past and continued success and serve as a shining example of what an implant business can achieve today and tomorrow.

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Two approaches, one goal
Digital expertise versus manual skill in the fabrication of ceramic veneers
By Dr Eduardo Mahn, Chile

In the restoration of anterior teeth, clinicians have to select the most appropriate material for the case at hand on the basis of specific criteria. Recently developed restorative materials have opened up a myriad of exciting possibilities. In situations in which teeth show signs of erosion, abrasion, abfraction or a combination of these phenomena, practitioners will tend towards using ceramics or composite resins, depending on how much intact tooth structure remains.

Traditional composites are used for Class III, IV and V defects; however, ceramic veneers are preferred in cases in which a large amount of tooth structure is missing or a major change is planned (e.g. a smile makeover). When two central incisors need aesthetic enhancement, the choice of approach is not as clear. Irrespective of the material used, a minimally invasive approach involving very little preparation of the tooth structure can be taken nowadays owing to the high strength of modern materials (e.g. lithium disilicate glass-ceramic). Nevertheless, it is important to remember that minimal preparation is an option only if the teeth are properly aligned. As long as the desired changes to the tooth shape and shade are small, the preparation can be limited to the enamel. In many cases, however, orthodontic treatment is needed before the tooth position and/or shape can be optimised by means of restorative procedures. This minimally invasive approach requires the dental practitioner to convince the patient of the necessity of undergoing preliminary orthodontic treatment.

It is our aim to remove as little of the tooth structure as possible in every case that we treat. With modern materials such as lithium disilicate and leucite-reinforced ceramics, we can press or mill veneers that are as thin as 0.6 mm and even 0.3 mm with confidence. Only a few years ago, treatment with indirect restorations still required at least two appointments. Ceramic materials such as IPS Empress CAD/IPS e.max Press (Ivoclar Vivadent) allow clinicians to produce polychromatic monolithic veneers and crowns in less than one hour and without having to glaze them. Nonetheless, many dentists still believe that dental technicians with their well-honed manual skills produce better aesthetic results than a machine does, and they do not see the need to embrace digital technology. As a result, some clinicians are reluctant to invest in this technology because of the high acquisition costs of the milling machines. Through the clinical case study presented here, we want to focus on aspects like the importance of having a suitable treatment plan, the possibilities currently available for the fabrication of veneers, the potential of the press and CAD/CAM techniques as well as the latest improvements made in the field of cementation.

Clinical case
A 33-year-old female patient presented to our office because she was dissatisfied with her anterior teeth. She complained about the malalignment of the maxillary and mandibular central incisors (Fig. 1). A detailed clinical examination established that the composite restorations in these teeth were defective. As a result of erosion, a considerable amount of tooth structure had been lost. In addition, malalignment of teeth #21 and #41 was quite obvious.

The treatment plan we presented to the patient included initial orthodontic treatment followed by minimal preparation of the two central incisors for two ceramic veneers. The patient was referred to an orthodontist for treatment. Unfortunately, it took more than a year before she presented to the practice again and we were quite surprised to find that the two central incisors had been restored with poorly finished direct composite veneers (Fig. 2). In addition to preventing any contamination of the working field, the clinician must accomplish the arduous task of creating an appropriate emergence profile, proper contours and contact areas, and producing a suitable micro- and macro-texture, and all this within a single appointment. Many simply underestimate the challenging nature of this type of restoration, and this was a case in point.

Owing to the poor preparation, the composite veneers had to be removed and replaced with new ones. In this particular case, the advantages of using the indirect technique were obvious. The patient agreed to have two ceramic veneers made for her. For this purpose, impressions were taken and a master cast was produced. This working model provides the dentist the opportunity to evaluate the situation in detail. He or she has the time to think about possible ways of correcting the malalignment.

Dentists do not have this luxury of time when they are treating a patient in the dental chair, as they have to finish the restorations as quickly as possible in order to prevent contamination of the treatment area and keep chair time to a minimum for the comfort of the patient. In the present case, another hurdle had to be overcome: any composite material that might have remained on the tooth structure had to be clearly identified using transillumination with white light-emitting diode light (Fig. 3) and...
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carefully removed without damaging the healthy tooth structure. Next, the teeth were prepared, retraction cords were placed and an impression (Virtual, Ivoclar Vivadent) was taken (Fig. 4). The patient was provided with a temporary crown and bridge material (Telio CS C&B, Shade A1; Ivoclar Vivadent) and cemented with a dual-curing luting composite (Telio CS Link, Ivoclar Vivadent, Fig. 5).

We followed two different routes in fabricating the veneers. We instructed our laboratory technician to make two ceramic veneers using the press technique with IPS e.max Press (Shade HT A1, stained; Ivoclar Vivadent), and we milled two ceramic veneers with our in-office CAD/CAM machine using an IPS Empress CAD Multi block (Shade A1; Ivoclar Vivadent) at the same time. The veneers made in the dental office were just polished and not glazed. Figures 6 & 7 allowed us to compare the results from a facial perspective.

This experiment illustrated the aesthetic potential of modern ceramics. Both types of restorations blended in beautifully with their surroundings. The appearance of the veneers produced using CAD/CAM technology came very close to that of the manually manufactured version. Nevertheless, in the end, we opted for the laboratory-fabricated veneers with the consent of the patient, since we were able to achieve a slightly better match to the neighbouring teeth by staining the restorations.

Figures 8 & 9 show the try-in pastes (Variolink Esthetic LC, Ivoclar Vivadent) on the prepared teeth. The most suitable composite cement shade was determined on the basis of two differently coloured pastes. With Light+ and Warm+, two extreme options were compared. The difference was clearly visible when the pastes were applied. Even though the darker shade (Warm+) was very close to that of the natural tooth structure and would have worked well with the veneers, we selected the lighter shade. This is very common, as in most cases we tend to prefer the lighter version because it provides a better contrast to the tooth structure and therefore renders the removal of excess cement easier and faster.

Before the veneers were seated, retraction cords were placed and the enamel was etched (not the dentine; Fig. 10). Adhese Universal (Ivoclar Vivadent) was used as the bonding agent to place the veneers (Fig. 11). The excess luting composite was then carefully removed (Fig. 12) and a glycerine gel (Liquid Strip, Ivoclar Vivadent) was applied. This gel prevents the formation of an oxygen inhibition layer at the margins. The luting composite was cured with two curing lights (Bluephase Style, Ivoclar Vivadent) simultaneously and cooled with plenty of water (Fig. 13). Figure 14 shows the harmonious result produced by the lithium disilicate veneers.

Conclusion
State-of-the-art restorative materials have immense potential. Depending on the particular requirements of the patient and the indication, they allow a suitable treatment option to be determined quickly and easily. The case presented here shows that highly aesthetic ceramic veneers can be fabricated with minimal effort using in-office equipment (IPS Empress CAD Multi). Nevertheless, pressed ceramic veneers were chosen for this patient, since they offered the possibility of applying stains, through which a very close match to the neighbouring teeth could be attained. As a principle, however, highly aesthetic results can be achieved with both approaches if the appropriate treatment protocol is followed.

Dr Eduardo Mahn is the director of clinical research and of the aesthetic dentistry programme at the Universidad de los Andes in Santiago in Chile. He can be contacted at emahn@miuandes.cl.

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Intra-oral and peri-oral electronic devices

An overview of current therapeutic and diagnostic systems

By Dr Andy Wolff, Israel

The functions and organ systems of the human body are, to a significant extent, controlled by electrical signals that travel along the nerves. Electronic medical devices are aimed at controlling biological processes and treat disease by modulating these electrical impulses. These devices may assist in the therapy of conditions that are currently untreatable or resistant to other therapy methods. They may deliver treatment with greater precision and fewer side-effects than conventional pharmaceutical products do.

In the last few decades, a variety of wearable electronic medical devices have been introduced to the market. Examples of such devices include neuro-stimulators, cardiac pacemakers, implantable cardiac defibrillators, cochlear implants and retinal implants. These devices are used to address a variety of conditions, such as brain disorders (including epilepsy), Parkinson’s disease, traumatic brain injury, stroke, psychiatric disorders, etc.), chronic pain conditions (addressed through e.g. spinal cord stimulators), incontinence, cardiovascular disorders (including heart failure, angina and peripheral vascular disease), deafness and blindness.

A number of vital structures located in the oral cavity region are controlled by the nervous system, such as the salivary glands and the oral musculature. Given the largely unique diagnostic and therapeutic value of electronic devices, it is surprising that only a few intra- and peri-oral electronic medical devices have been released to the market. Moreover, in contrast to electronic devices that involve typically invasive procedures, such as pacemakers and spinal cord stimulators, the placement and even the wearing of devices in the intra- and peri-oral region are not invasive.

Nevertheless, it appears that the US Food and Drug Administration (FDA) has considered for many years that electronic medical devices carry an increased risk if worn in the head and neck area, compared with other body areas, such as the limbs. Thus, electronic medical devices for the head and neck area are generally classified by the FDA as Class III devices, which are the highest risk devices and are, therefore, subject to the highest level of regulatory control. However, recently the FDA has classified a small number of these types of devices as Class II devices, which are lower risk devices than Class III and require less regulatory control to provide reasonable assurance of the device’s safety and effectiveness. Nevertheless, those devices have to meet special controls, which are requirements intended to address the unique concerns of specific types of devices. Some examples are as follows:

- On 11 March 2014, the FDA allowed marketing of an electronic device as a preventative treatment for migraine headaches (Cefaly, CEFALY Technology). The portable, battery-powered prescription device resembles a plastic headband worn across the forehead and atop the ears. The user positions the device in the centre of the forehead, just above the eyes, using a self-adhesive electrode. The device applies an electrical current to the skin and underlying body tissue to stimulate branches of the trigeminal nerve, which has been associated with migraine headaches. Previously, it was a Class III device. This intra-oral device (more details later in the article) is restricted to patient use upon prescription of a dental practitioner or physician.
- On 22 January 2016, the FDA announced a proposed administrative order to reclassify cranial electrotherapy stimulator devices intended to treat insomnia and/or anxiety, from Class III to Class II (special controls).

Examples of three electronic intra- and peri-oral devices that are available are covered in the paragraphs that follow.

"...it is surprising that only a few intra- and peri-oral electronic medical devices have been released to the market."

1. Intra-oral diagnostic device: Sensor for mandibular advancement devices

TheraMon® (MC Technology) is a microchip specially designed to be embedded in removable orthodontic and dental sleep appliances. It is surprising that only a few intra- and peri-oral electronic medical devices have been released to the market.

In a blind prospective clinical study of three months duration, the safety and feasibility of objective measurement of compliance with MAD wearing was evaluated. A Liron MAD (Fig. 9) equipped with a temperature micro-sensor was...
worn by 43 patients with an established diagnosis of respiratory sleep disorders. No adverse events related to the micro-sensors were recorded, nor were problems in reading of the compliance data. In this study, the mean time of Lirón use was 6 ± 1.1 hours per day, with an 86 per cent compliance rate after a three month follow-up. Statistical analysis found no differences between the data on objective and subjective use of Lirón. In conclusion, the results demonstrated the safety and the efficacy profile of the objective measurement of compliance with MAD wearing.

2. Intra-oral therapeutic device: Electrostimulation device to treat xerostomia

The commonly accepted clinical definition of xerostomia is the subjective sensation of dry mouth. The presence of xerostomia may indicate that salivary output is decreased or altered, placing patients at a higher risk of developing a number of oral diseases and complications. Increasing secretion of natural saliva is the most efficient means of relieving xerostomia, as natural saliva both alleviates dryness and contains essential dental decay-fighting factors and other components critical for oral health. The prevalence of xerostomia in the adult population is estimated at 10 per cent.

Salivary gland secretion is regulated by the autonomic nervous system, by means of the salivary reflex. The latter is composed of (a) salivary nuclei, located in the brain, (b) afferent nerve fibres, carrying stimuli (such as taste and mastication) from the peripheral to the salivary nuclei, and (c) efferent nerve fibres, conveying stimulatory signals from the salivary nuclei to the salivary glands. Application of electrical impulses to one or more of the three components of the salivary reflex increases salivary secretion.

Saliwell® has developed a line of intra-oral electrostimulation devices for which the principle of action is based on applying stimulatory signals in the vicinity of the lingual nerve, which is the main nerve controlling salivary function, as it carries both afferent and efferent fibres. Electrostimulation intensifies the impulses transmitted through the afferent and efferent nerve fibres, inducing the salivary glands to secrete more saliva. To this end, the device electrodes are placed at the lingual side, close to the mandibular third molar, an advantageous location owing to the close proximity to the lingual nerve, allowing effective stimulation by the use of lower voltage and current (Fig. 4).

The most recently developed device (SaliPen) has an intra-oral stimulating unit and an extra-oral control unit (Fig. 5). The electrodes protrude at the end of two flexible silicone arms that are gently inserted underneath the tongue. In a typical usage profile, due to its long lasting effect, the device is worn about 4 times a day and about 4 minutes every time (Fig. 6).

A double-blind study, carried out at three medical centres in Europe, tested the device performance with short-term use, using a built-in moisture sensor. As the primary outcome, measured oral dryness changes as a result of 30 minutes of wearing the device were assessed and compared between the usage of the device either switched on or switched off. Twenty-three patients with xerostomia due to different causes (primary Sjögren’s syndrome, radiotherapy, medication-induced, graft-versus-host disease and idiopathic) were evaluated. The decrease in oral dryness (as measured by the moisture sensor) was significantly superior (p < 0.001) when induced by the device in switched-on mode. No significant side-effects were observed.

In a multi-national randomised clinical trial, long term (6 months) intra-oral electrostimulation was tested in a mixed sample of xerostomia patients (Sjögren’s syndrome, radiotherapy, medication-induced, xerostomia in the adults’ population) (Fig. 5). The results of Stage I show that the patient-reported degree of oral moisture improved by 26 per cent when the device was switched on (with a statistical significance level of p < 0.001) versus an 18 per cent improvement when switched off. The results of Stage II show that the level of self-perceived oral moisture improved by 34 per cent (p < 0.001) and the amount of collected saliva increased by 25 per cent (p < 0.001) at rest and by 18 per cent (p < 0.001) during mastication. No severe or irreversible systemic or local adverse effects were observed at either stage of the trial.
Bruxism is considered outside or beyond normal function. The prevalence of bruxism in the adult population is estimated at 8 per cent, however, as many individuals may be unaware of this condition, the occurrence is most likely higher.

Unfortunately, people with sleep bruxism usually are not aware that they brux; so they are not diagnosed until complications occur. That is why it is important to diagnose sleep bruxism as early as possible and to seek appropriate treatment. Bruxism is usually diagnosed based on clinical examination of the teeth, complaints of jaw and masticatory pain, and reports by the bed partner of grinding noises. Patients suspected of bruxism are not routinely referred to the sleep laboratory due to its high cost. Thus, clinical and experimental data are scarce and there is a widely accepted gold standard for a definitive, objective diagnosis.

BiteStrip (SLFi) is a diagnostic tool that can assist the clinician in detecting bruxism and assessing over time the effectiveness of the therapy delivered to treat the disorder. It is a miniature single-use electronic device designed as a screener for bruxism (Fig. 7). It consists of three electromyography (EMG) electrodes and an amplifier to acquire masticatory muscle signals, a central processing unit with real-time software that detects and analyses EMG Patterns, and a display that exhibits the measurements in the morning. All elements are integrated on a single flexible substrate.

At bedtime, patients are instructed to attach the device over the mandible to the cheek, to activate it and to perform a series of maximal strength clenching and grinding activities in order to establish an individual threshold for the night-time monitoring (Fig. 8). The device must be worn for at least 5 hours of sleep. In the morning, patients deactivate the device and wait for approximately 20 minutes for the bruxism index (number of bruxism events per hour of recording) to be displayed.

The BiteStrip device was used in a before-and-after experimental clinical study with the objective of evaluating the effect of a MAD on sleep bruxism and sleep scores. After a habituation period of one week, sleep bruxism scores were taken at baseline and after use of the MAD for 30 days. Scores were compared using BiteStrip, which registered the number of contractions of the unilateral masticatory muscle after a 5 hours period, giving a severity score of 0 to 25 after the registrations. In order to assess sleep, the Sleep Assessment Questionnaire, a screening tool with scores ranging from 0 to 88, was administered before and after use of the MAD.

Twenty-eight subjects (13 women and 15 men; mean age of 41.9 ± 12.0) with a clinical history of sleep bruxism and no spontaneous TMD pain were selected. The clinical diagnosis of either moderate or severe sleep bruxism was further confirmed through use of BiteStrip (score of 2 or 3) at baseline. A 30-day follow-up period was used for evaluation. Both methods were validated against polysomnography. In addition, common signs and symptoms of TMD based on the Research Diagnostic Criteria for Temporomandibular Disorders were evaluated before and after use to assess the side-effects of the MAD. The results showed a statistically significant improvement in both sleep bruxism and sleep scores based on BiteStrip and the Sleep Assessment Questionnaire (Wilcoxon signed-rank and Student’s paired t-test, p < 0.01). Concerning the signs and symptoms of TMD, there was a significant reduction in temporomandibular joint sounds, as well as in masticator and temporalis tenderness to palpation. In summary, the improvement measured by BiteStrip was the same as the improvement assessed by other methods.

Conclusion
In conclusion, implementation of electronically based intra-oral therapeutic and diagnostic devices creates new possibilities for all kinds of novel applications for which the power of electronics and related technologies (software, wireless communications) is harnessed to provide better and personal medical services at lower costs.

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Leading dental professionals from around the Asia-Pacific region and beyond will come together in June to reflect on the latest developments and advancements in dentistry during the next Asia Pacific Dental Congress. Among the presenters who will be discussing such issues as bone biomechanics in implant dentistry are Prof. Ming-Lun Hsu from National Yang-Ming University’s School of Dentistry in Taiwan and World Health Organization Dental Officer in Global Oral Health Dr Hiroshi Ogawa.

The associate professor from Niigata University’s Graduate School of Medical and Dental Sciences in Japan will discuss how to improve the oral health of a population by targeting common risk factors for non-communicable diseases. Hsu and Ogawa will be joined by a number of international clinicians, including prominent researcher and clinician Prof. Monty Duggal from the University of Leeds in the UK, who will speak on innovations in dental traumatology. Among other things, Duggal is author of Restorative Techniques in Paediatric Dentistry, a book that has been published in seven languages and sold over 16,000 copies worldwide.

Having authored 150 scientific papers and 17 chapters in various medical and dental books, as well as textbooks on physical evaluation, emergency medicine, local and general anaesthetics, and sedation, Dr Stanley Malamed from the US will also address attendees on emergency airway and cardiac management.

This year’s Asia Pacific Dental Congress, which is being held for the 38th time, will take place from 17 to 19 June at the Hong Kong Convention and Exhibition Centre. It is being organized in collaboration with the Hong Kong Dental Association and is supported by FDI World Dental Federation. The event is again expected to attract thousands of dental professionals from Hong Kong and the greater Asia-Pacific region, the organizers said. In addition to the scientific programme and workshops, there will be an industry exhibition of the latest innovations in dentistry, featuring over 60 manufacturers and dealers, including major market competitors, like DENTSPLY, Nobel Biocare and Carestream. Furthermore, participants will have the opportunity to catch up with friends and colleagues, as well as enjoy the cultural mix of modern and time-honoured traditions that Hong Kong has to offer.

“On behalf of the Organizing Committee of the 38th Asia Pacific Dental Congress, I look forward to welcoming all to Hong Kong, Asia’s leading healthcare and medical research hub—and to enjoy what we have to offer—modern, state-of-the-art infrastructure, with a unique blend of the contemporary and traditional ways of life in our multi-racial, multi-cultural heritage,” said President of the Asia Pacific Dental Federation/Asia Pacific Regional Organisation Dr Kuan Chee-Koong from Singapore.

More information about the event can be found on the official website, www.apdc2016.org.
The Indian dental care services market is estimated to experience a double-digit growth rate, reaching up to US$2.2 billion (147 bn. Indian rupees) by 2020. According to Ken Research, India has already witnessed a compound annual growth rate of 12 per cent for the period of 2010 to 2015 as dental awareness and disposable income have increased. Taking into account factors such as continued economic growth and reforms, India might have the potential to become the largest market for dental products and materials worldwide.

According to the Indian Dental Association, India’s population of 1.2 billion had access to 180,000 dentists, including 35,000 specialists, in 2014. This number is projected to grow to 300,000 by 2018. Around 5,000 dental laboratories and 300 dental institutes currently provide basic and advanced oral health care. Expected growth in the number of dental chains will increase the share of organised dental clinics across the country. Although the vast majority of dental products are imported from Germany, the US, Italy and Japan, foreign companies continue to invest in India and establish production units.

Most importantly, patient demand for better health care facilities has increased. As a country without a unified health care system, more Indians are purchasing private oral health insurance. A rising elderly population, changing lifestyles, and increased private and public health care expenditure are additional factors for the growth of the dental care market. Furthermore, dental companies are focusing on improving dental services for tourists seeking lower-cost treatment across India.

Ken Research recommends that domestic companies focus on effective marketing strategies and attrative discounts. In addition, dental check-ups, dental outreach programmes and mobile clinics should improve the oral health care situation in less-developed regions. As substantial differences between rural and urban areas regarding access to dental clinics remain, the current dentist-population ratio is reported to be 1:9,000 in urban and 1:200,000 in rural areas. Many Indian citizens, especially in poorer areas, have yet to be educated about preventative oral health care.

The publication, India dental care service market outlook to 2020—Increasing awareness on oral care and rising number of organized players to foster future growth, is available online at www.kenresearch.com. The report covers various aspects, such as market size, structure and segmentation, as well as the demographics of domestic and foreign customers.

New website helps people choose best hospital
Free of charge platform HospitalAdvisor launched by Zubin Foundation

A new rating platform, HospitalAdvisor, aims to help people living in Hong Kong to make informed decisions about which hospital is right for them. The Chinese and English website, which was launched earlier this month by the Zubin Foundation, covers all 41 public and 11 private hospitals in the region and gathers information and evaluations on the quality of care in each facility.

HospitalAdvisor does not replace the advice of a doctor, but can be a valuable additional tool for patients needing medical care, Shalini Mahanti, Founder of HospitalAdvisor and the Zubin Foundation, said. “As patients, we only go into a hospital if it is a serious medical matter. And yet, we know so little about hospital treatment, so it’s difficult for a patient to know which hospital is right for them. We rely almost entirely on what a doctor may suggest and although the doctor may make a good suggestion, patients have to be engaged to ensure the best possible outcomes.” Mahanti remarked.

HospitalAdvisor is free of charge for all users and can be accessed at www.hospitaladvisor.org.hk. The platform rates each hospital using a patient experience survey completed by patients who have been treated in the respective hospital within the last three months. Based on different indicators established from the survey, HospitalAdvisor generates a score for the quality of care provided.

“Experience in the US and elsewhere shows that patient experience surveys can provide important insights about the quality of care in the hospitals. Patients’ experiences are both important unto themselves and a very good proxy for broader quality of care,” said Director of the Harvard Global Health Institute Prof. Ashish Jha, who developed the survey together with Dr Janice Johnston from the University of Hong Kong.

According to Jha, the quality of care scores for each hospital will be updated at the end of each month.

Investigating patients’ knowledge and perceptions regarding implant therapy, a Chinese study has found that an alarming number of participants had inaccurate and unrealistic expectations about dental implants. Moreover, the study determined that only 38 per cent felt confident about the information they had about the treatment.

In the study, the researchers investigated preoperative information levels, perceptions and expectations regarding implant therapy via a questionnaire. Responses from 277 patients were obtained during 2014 and 2015 in three different locations in China (Hong Kong, Shenzhen and Jiangsu). The analysis established that about one-third of the participants had mistaken assumptions about dental implants. According to the researchers, common misconceptions were that dental implants require less care than natural dentition, implant treatment is appropriate for all patients with missing teeth, dental implants last longer than natural dentition, and there are no risks or complications with implant treatment.

Overall, younger respondents (<45) and those with higher education (bachelor’s and postgraduate degrees) tended to have more realistic perceptions and lower expectations of the treatment outcome. When asked about their level of knowledge, 63 per cent of the participants said that they were generally informed about implants, but only 18 per cent felt confident about the information they had.

The study noted: “What do patients expect from treatment with dental implants? Perceptions, expectations and misconceptions. A multicentre study” was published online ahead of print on 23 March in the Clinical Oral Implants Research journal.

Fundamental misconceptions about dental implants

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Lisa was designed to fulfil high demands for efficiency, safety and quality

An interview with W&H Product Manager Alejandro Ramírez

Quick and efficient work and achieving the best hygiene standards in dental practice were the goals of W&H in developing its latest product in the field of sterilisation. The newly launched Lisa is an innovative device offering high sterilisation efficiency. Demanding patients, more stringent legal conditions and the pursuit of greater economic efficiency of the dental practice translate into greater challenges for dentists. Equipped with state-of-the-art functionalities, the new Type B steriliser from the Austrian manufacturer seeks to address these through efficient and secure working processes. Essential market needs were established from European dentists during product development and incorporated into the product specifications. According to W&H Product Manager Alejandro Ramírez, Lisa is setting a new benchmark in the dental market. In this interview, he explains how the dental practice benefits from an optimised workflow with the device.

today international: Mr. Ramírez, what is the significance of the new Lisa to the hygiene process in dental practices?

Alejandro Ramírez: The new Lisa steriliser is equipped with the latest technologies and offers high sterilisation efficiency in modern dental practices. The focus of the latest Lisa is the optimisation of working processes. It can easily be integrated into existing hygiene protocols and supports compliance with legal requirements.

What customer needs were the focus during the product development phase?

The main factors considered during development were speed, ease of use, comprehensive traceability and ergonomics. All of these aspects are directly linked to efficiency and, of course, to customer experience. Speed is a purely engineering topic to be worked out in hours, but ease of use and ergonomics were topics for which customer feedback was extremely important and valuable. Different questionnaires were distributed during the field test, and the answers provided us with comprehensive customer feedback about how the new unit was perceived and what features still needed improvement prior to the product launch.

To what extent were customers involved in the process?

This is indeed an important question. While there are general hygiene and aspersus rules worldwide, the way customers work with products differs from country to country. Customer needs too are slightly different owing to local regulations, cultural specifics or the general market environment. For these reasons, we decided to carry out the largest field test ever conducted by W&H Sterilization. Our main objective was to cover a wide spectrum of daily use. Reliability is clearly key. We had units running in field test sites for more than 18 months, validating and ensuring the reliability of the unit for the customer prior to its market launch. Overall, we tested more than 40 Lisa sterilisers in eleven European countries.

What technological features characterise the new Lisa in particular?

The functionality and speed of the cycle using the patented Eco Dry technology is probably one of the most important technological highlights. Eco Dry is the result of three years of internal engineering work, in combination with two partnerships between W&H and European universities, in pursuing the highest sterilisation efficiency in terms of speed, energy, water consumption and drying quality. The improved connectivity and new user interface open up a world of possibilities for customers’ experience and workflow. In addition, the component modelling and software simulation work completed prior to the field test phase gave us tremendous confidence, which was reflected in the durability and reliability experienced in the market testing.

You mentioned Eco Dry technology. What benefits does this technology offer to customers?

Eco Dry technology is a patented algorithm that allows Lisa to calculate the drying time according to the mass of the load to be processed. In order to dry 4 kg of instruments, the energy and time needed are greater than for drying 2 kg. While conventional sterilisers have a fixed drying time for each sterilisation cycle, Lisa calculates the load being sterilised and adapts the drying time to the load mass automatically. This feature allows Lisa to offer one of the fastest—indeed a reduction in the energy consumption of the steriliser, as well as an increase in the working life of instruments, as the instruments have reduced exposure to high temperatures during the shortened drying phase.

What functionalities does the new Lisa provide in terms of traceability?

Traceability has always been an important topic for dental practices and the new Lisa user interface and improved connectivity have allowed us to take the device to the next level. User identification and related options have been made simpler; while the customer experience has gained confidence, which was reflected a reduction in the energy consumption by only buying one label printer. The connectivity allows Lisa to remotely save the cycle reports to a server, and thus offers two advantages to customers: firstly, the ability to back up the cycle history on a separate server; and secondly, the digital storage of the cycle reports on the practice’s own management system.

How do you think the new Lisa is going to influence the hygiene workflow in dental practices?

The goal of our Lisa steriliser is to make the workflow more efficient. This is achieved with the aforementioned improvements in speed, simplicity and compliance with standards and guidelines. It is important to consider, however, that sterilisation is just one step in the hygiene workflow and that other W&H products involved in the reprocessing and infection control processes are just as important as Lisa. One example is our Assistina 3x3, a fully automatic cleaning and lubrication unit, which offers automatic internal and external cleaning of turbines, as well as of straight and contra-angle handpieces, including lubrication. The cleaning step is crucial to ensure the instrument is prepared correctly for the sterilisation process carried out by Lisa. Combining the Assistina 3x3 and the new Lisa enables a complete handpiece reprocessing time of less than 20 minutes. Therefore, for the hygiene process, we have to consider different W&H products working together and offering added value to the practice workflow.

Thank you very much for the interview.
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