V-Posil Mono-Fast extends line of V-Posil precision VPS impression materials

By VOCO Staff

After the successful introduction of V-Posil tray and wash impression materials, VOCO is expanding its V-Posil line with a monophase viscosity in V-Posil Mono-Fast.

V-Posil Mono-Fast, as with the rest of the V-Posil viscosities, offers optimized timing that provides up to two minutes of adjustable working time as well as an abbreviated two-minute thermo-activated set time. According to VOCO, V-Posil provides exceptional tear strength and elastic recovery (99.6 percent) to ensure dimensional accuracy of the impression after its removal.

Post-set hydrophilicity ensures more accurate stone models

Lab technicians will appreciate V-Posil’s unique post-set contact angle of less than six degrees (<6°), providing a post-set hydrophilicity that ensures more accurate stone models for better fitting restorations, VOCO asserts.

Indicated for wide variety of procedures, situations

This VPS material is indicated for taking impressions over fixed/removable restorations and implants (i.e., transferring impression posts and bridge components), functional impressions, fabricating crown and bridge-work or inlays, fabricating full or partial dentures, re-line impressions, transferring root posts when fabricating posts and cores indirectly, multi-tray, simultaneous as well as the putty-wash technique.

The material is available in 50 ml cartridge refills and in the 380 ml automix “Dynamic Dispenser” cartridge.

Contact VOCO

To learn more about V-Posil Mono-Fast and other VOCO products, you can contact VOCO at www.vocosamerica.com, (888) 658-2584 or infousa@voco.com.
ICD looks toward its 2020 centennial celebration

By Nathalie Schüller
Dental Tribune International

The International College of Dentists (ICD) will celebrate its centennial in 2020. Considered the world’s oldest and largest honor society for dentists, the ICD was conceived by Drs. Louis Ottofy and Tsurukichi Okumura with the vision to start an organization of outstanding dentists to maintain professional collegiality and friendship, monitor and evaluate the progress of dentistry and disseminate such information to dentists worldwide.

Today, the ICD has 12,000 fellows in 122 affiliated countries, from a diversity of cultures and social backgrounds and with different professional experiences. It aims to recognize their outstanding contributions to the dental profession in upholding the college core values of leadership, recognition, humanitarianism, education and professional relations. Dental Tribune spoke with Dr. Dov Sydney, the international editor and director of communications and chair of the college centennial committee.

How did you become involved in the ICD?...

A patient (of mine) who was a dentist told me about the volunteer work he was doing for an ICD clinic for blind people. I had no idea then what the ICD was about. He told me more about the ICD and asked whether I would like to become involved in the clinic to help the patients and, based on my background and CV, said he would like to nominate me to become a fellow. That was in 1996 and I was proud to agree. I was active in the Israel District and then moved to the European Section board as regent, editor and website manager. Later, I was asked to serve as the international editor and director of communications.

While our organization is focused on improving access and quality of oral health, we are also a professional society of shared interests and values, so there is also the meaningful fellowship and camaraderie aspect. This is a unique group in which there is the absence of an atmosphere of competition and the need to show how successful one is or how many papers one has published. The ICD promotes a collaborative, sharing relationship guided by the universal principle that all members are equals regardless of their national origin, culture or language.

What is your major joy, your main motivation, in being part of the ICD?

As the international editor and director of communications, I see all of the reports and images of ICD events and projects that take place around the world. I select the ones that will appear online and in our journal. [...] (In these images) one can truly see the kind of impact so many of our projects have on the people who are the recipients of ICD compassion and dedication. It is evident in (people’s) eyes — a palpable image of someone’s unselfishness, caring for another human being, some receiving care for the very first time in their lives.

Is dental care the main thing we should worry about in areas that are so destitute? Oral disease is usually treatable, often preventable, and yet if one has a bad toothache, one cannot function, if one loses one’s teeth, one cannot eat. In many parts of the world where nutrition is poor, without functional teeth to eat properly and digest food, overall health is affected. Furthermore, there are places in the world where dental infections are so neglected and serious that they can lead to major disease states and even death.

Another strength of the ICD is that we look at the overall impact of our projects on the community. I recall reporting on a group that went to Nepal to help children in great need of dental care. When the team arrived, they encountered unexpected problems. The community was suffering from mass diarrhea, a major disease in the (developing world). People can become extremely ill and die from not having access to clean running water. The water used to brush the children’s teeth was contaminated. The team developed a program to bring running water into the village for toilets and sinks for toothbrushing. The rate of diarrhea went from 75 percent to 5 percent. Children were able to go back to school. The adults could work. This is a good example of how ICD dental projects can have a major impact on a community and the overall health of the population.