W&H introduces next Implantmed generation

By DTI

BUERMOOS, Austria: In addition to its tried-and-tested functions, the new generation of Implantmed offers its users a unique system for assessing the stability of an implant, customisable features that can be retrofitted if required, as well as a high-tech, intuitive user interface and an even more powerful motor.

Even difficult procedures can be performed with less effort, and great precision, thanks to a motor torque of 6.2 Ncm and a speed of 200 to 40,000 rpm. The new device also has the shortest surgical motor on the market. The ergonomically shaped and perfectly balanced combination of motor and W&H contra-angle handpiece allows the user to work for extended periods without fatigue affecting the hands. In addition, the five new straight and contra-angle surgical handpieces with LEDs now fully illuminate the surgical site regardless of the motor speed. The high-quality stainless steel with its scratch-resistant coating mean that the surgical straight and contra-angle handpieces have a particularly long service life and are very sturdy.

The optional W&H Osstell ISQ (Implant Stability Quotient) module for the new Implantmed makes assessing the success of the treatment safer and more reliable. The stability value measured by the device helps improve the success rate and is a form of quality assurance, according to W&H. The module is an optional extra and can also be easily retrofitted to the new Implantmed, the company also said.

When the documentation function is enabled, all implant insertion values, such as defined device parameters, the implant insertion curve, the Osstell ISQ measurement and basic data such as the documentation ID and tooth position, can be saved to a USB stick. Furthermore, the new Implantmed’s user interface helps the dental practice team to streamline the treatment steps as they are simpler, take less time and are more efficient. Important information for a particular step of the procedure is clearly visible on a large touch screen.
Shower of awards for AMD LASERS

Now in its eighth year, the Cellerant “Best of Class” Technology Award (formerly the Pride “Best of Class” Technology Award) continues to lead the profession’s evolving conversation about dental technology through its recognition of and education around excellence in dental innovation. AMD LASERS, a global leader in dental lasers and the associated education, announced recent accolades again as the number one choice of dentists with its Picasso Plus, Picasso Lite Plus and LiteTouch dental lasers. The last has also received the internationally recognised Red Dot Award in Product Design.

This most recent award adds to a growing list of industry honours earned by AMD LASERS, including Dentaltown’s Townie Choice, Orthotown’s Townie Choice, Dentistry Today’s Top 100 Products and Dental Products Report’s Top 100. In addition, AMD LASERS and its Picasso and LiteTouch dental lasers have been recognised by non-dental associations for innovation, design, technology and company growth.

“This recognition is very special as it solidifies Picasso dental lasers’ leadership position. I am so proud of our products and the amazing people at AMD LASERS and grateful of the dentists who have supported us every step of the way. We take pride in providing great products, comprehensive education and world-class customer service that dentists can feel good endorsing to their peers,” he added.

“As other dental laser companies come and go and others try to launch or re-launch their lasers, AMD LASERS’ Picasso dental lasers continue to set the benchmark in quality, value, and reliability,” Miller further said. “Picasso dental lasers are number one for a reason. We combine world-class dental lasers with our world-class service. The cool culture at AMD LASERS keeps dentists coming back year after year. Picasso dental lasers are thankful to the dental community for supporting us year after year. Picasso dental lasers may have won the award, but the true winners are the doctors and patients.”

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To be honored as ‘Best of Class’ is a sign that a product has revolutionized, simplified or advanced its category in a distinctive way. Our foundation for success in bringing attention to these products remains simple: technology leadership in dentistry, as well as an unbiased, rigorous and transparent selection process which is not for profit,” remarked “Best of Class” founder, Dr Lou Shuman.

Dr Marty Jablow, another panelist, said: “One of the things I appreciate most about being part of the ‘Best of Class’ process is that it represents more than just a thought exercise on what technology should do or what seems cool. We are all dentists still active in clinical practice and when we decide that a product should be honoured, it is because we see the value it brings to dentists and patients in a real-world context; and that matters to the dental professionals who use lists such as this one in their research and purchasing decisions.”

“We are truly honored to have our products recognized year after year as the best,” remarked Alan Miller, Founder and CEO of AMD LASERS, expressing the company’s appreciation of the awards. “I always have believed that people want products designed with passion that is beautiful both functionally and esthetically. Worldwide dentists and patients love Picasso and LiteTouch dental lasers. I am so proud of the entire AMD LASERS’ team of professionals in giving our customers the client-oriented culture of kindness and respect they deserve.”

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Amalgam phase-out discussed at London meeting

By DTI

LONDON, UK: Limiting the use of amalgam in dentistry is a task that needs a combined effort by various actors in and outside of the health care sector, the organisers of a meeting of 50 senior oral leaders in London have agreed. However, by phasing down the material, the profession will have a rare opportunity for more prevention-focused oral health care in the future, they said.

"I was very impressed by the commitment of the major dental community stakeholder to a measurable, equitable and sustainable phase-down of dental amalgam use, as well as the recognition that dentistry can’t do this alone. This will need the engagement of other actors such as other health professions, the industry and most importantly civil society," commented Julian Fisher, resource person for the United Nations Environment Programme Global Mercury Partnership Area on Waste Management.

At the meeting, senior oral health leaders from around the globe came together to discuss pathways for reducing the use of amalgam not only in the UK but also on an international level. The conference took place in mid-July at King’s College London Dental Institute in cooperation with Newcastle University’s School of Dental Sciences and the University of Leeds School of Dentistry. In addition to presentations on phase-down case studies, such as the UNEP-WHO East Africa project, the multi-day event provided an overview of minimally invasive dentistry programmes. A particular focus was on improved and newly developed materials and the impact the transition to these materials could have on the dental profession in the long run.

“The complexity of something seemingly as simple as changing a material is remarkable,” said the Dental Institute’s Executive Dean, Prof. Dianne Rekow. “Indeed, this ‘simple’ change has ripple effects that change the philosophy and practice of dentistry, as well as the economies of health care.”

“One of the most impressive features of the symposium was the willingness of the participants to explore the implications and interdependencies of the ripples and assertively work toward finding ways to improve both the environment and health,” she stated further.

Various initiatives have been implemented worldwide since representatives of over 190 countries signed the Minamata Convention on Mercury in Japan three years ago, which agreed on a mercury ban in a variety of products, as well as a phase-out of amalgam. While its use in developing countries is declining, the mercury-containing restorative remains the material of choice in developing countries around the world.
The flossing debate and what to make of it

By DTI

LONDON, UK/LEIPZIG, Germany: Last month, a story by the Associated Press (AP) claiming that the benefits of flossing have never been properly researched went viral. The resulting extensive media reports have taken one message from this: flossing is overrated. Is it really that simple though? This article attempts to summarise recent reporting on the topic and reactions by the dental community around the globe.

“There’s no solid evidence that flossing actually works” – this statement by his son’s orthodontist gave US reporter Jeff Donn the impetus that started the entire debate. Investigating this issue further, the AP national writer found out that since 1979 the US federal government has recommended flossing, first in a surgeon general’s report and later in the Dietary Guidelines for Americans issued every five years. “A combined approach of reducing the amount of time sugars and starches are in the mouth, drinking fluoridated water, and brushing and flossing teeth, is the most effective way to reduce dental caries,” the 2010 guidelines state.

Because these national recommendations must be based on scientific evidence under the law, Donn asked the US departments of Health and Human Services and Agriculture for their evidence under the Freedom of Information Act. In their response to the AP, the government acknowledged that the effectiveness of flossing had never been sufficiently researched. The flossing recommendations were consequently excluded from the 2015–2020 dietary guidelines. However, the same applies to the advice to drink fluoridated water, and brush one’s teeth, which were both removed from the latest guidelines—yet nobody has concluded from this that toothbrushing is a negligible part of oral hygiene.

To be objective, existing research about the effects of flossing is weak, of low quality or has a moderate to large potential for bias having been conducted mainly on behalf of companies that manufacture floss. Several review studies have found. As one of the many dental professionals commenting on this fact, Dr Wayne Aldridge, President of the American Academy of Periodontology, acknowledged the weak scientific evidence and the brief duration of many studies. However, he still urged his patients to continue to floss in order to help avoid periodontal disease. “It’s like building a house and not painting two sides of it,” he explained in an interview. “Ultimately, those two sides are going to rot away quicker.”

Just like Aldridge, dentists and dental associations around the globe have issued statements—for the most part vigorously defending flossing as an effective way to help remove plaque and food build-up between the teeth and thereby lower the risk of developing gingivitis, periodontitis and tooth decay. For example, the American Dental Association (ADA) stated that “a lack of strong evidence doesn’t equate to a lack of effectiveness.” Moreover, the ADA stressed that the Department of Health and Human Services reaffirmed the importance of flossing in a statement to the ADA on 4 August, stating that “professional cleaning, tooth brushing, and cleaning between teeth (flossing and the use of other tools such as interdental brushes) have been shown to disrupt and remove plaque”.

The German Dental Association stated that flossing remains an important means of cleaning interdental spaces, especially the narrow spaces of the anterior teeth. According to the organisation, current studies have neither demonstrated nor disproved the effectiveness of flossing. Nevertheless, patients should not conclude that less thorough dental care is advised.

Dr Øyvind Asmyhr, head of the Norwegian Dental Association, acknowledged in his statement: “There is much we do in medicine and dentistry that is not evidence-based, but that does not mean it does not work. All sense and clinical experience suggests that daily brushing combined with flossing helps to reduce the amount of biofilm (bacteria coating) on all tooth surfaces, which prevents the development of caries, gum problems and bad breath.” Moreover, Asmyhr remarked that until research conducted over longer periods proves the contrary, the dental association will continue to recommend flossing and sees no reason for people to change their oral health routine.

Commenting on the debate as well, the British Society of Periodontology and the Norwegian Dental Association state that the evidence supports the use of small interdental brushes for cleaning between the teeth, where there is space to do so, in preference to flossing. In addition, the organisation referred to the official recommendation to patients agreed on during the 1st European Workshop in Periodontology on the prevention of periodontal disease in 2015. “Daily cleaning between your teeth using special interdental brushes is essential for treating and preventing gum disease. Floss is of little value unless the spaces between your teeth are too tight for the interdental brushes to fit without hurting or causing harm.”

Taking all these opinions into account, what is it that patients and dentists can take away from the current discussion? Regardless of deficient study designs, inconclusive results or media sensationalism that picked up on only a tiny part of the underlying facts, there are at least two statements regarding flossing that can be acknowledged universally: First, flossing can cause harm if performed incorrectly. For example, careless flossing can damage the gingiva, teeth and dental work. Moreover, there is evidence that floss can dislodge bacteria that may invade the bloodstream and cause dangerous infections, which is especially of concern in people with a weak immune system. Second, common sense suggests that common oral problems such as caries and inflammation in the interdental spaces can be avoided solely by removing debris between the teeth, which makes flossing beneficial for one’s oral health regardless.

Maybe the entire debate is best summarised with the words of Dr Tim Iafolla from the US National Institutes of Health, who said that, if the highest standards of science were applied in keeping with the flossing reviews of the past decade, then it would be appropriate to drop the flossing guidelines. However, he continued: “It’s low risk, low cost. We know there’s a possibility that it works, so we feel comfortable telling people to go ahead and do it.”