**Quest for the Perfect Restoration**

By Dr. Munir Silwadi, UAE

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

By Dr. Dobrina Mollova, DDS

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

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

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

The two day Scientific Session is complimented by eight hands-on courses, pre- and post-conference, including: Indirect Veneers; Laser; Unconventional Management for Soft & Hard Tissue; Mastering...
“New educational format presented at IDEM Singapore a success”

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

A ceramist and professional photographer, Naoki Aiba demonstrated the capture of shade view photographs in order to communicate shade accurately. Tips for calibrating and coding a shade guide were also given. Hue and value analysis of models milled by the inLab machines for scanning, the accuracy of alginate impression materials, as well as shade availability of crown and bridge materials, as well as which zirconia blocks are recommended for good aesthetics.

The ensuing discussion lasted over an hour with debates sparked about the suitability of alginate impression materials and their benefits were presented. Dr. Hans Motschmann and Alessandro Agnini from Italy sparked about the suitability of alginate impression materials and their benefits were presented.

The best presentations were those that zirconia blocks are recommended for good aesthetics.
CEREC
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The Palace Hotel Downtown
12-13 September 2014
Dubai, UAE
www.cappmea.com/cerecfest
14-15 November 2014
Jumeirah Beach Hotel
Dubai UAE

6th Dental - Facial Cosmetic International Conference

Joint Meeting with

3rd Global Conference of American Academy of Implant Dentistry

HANDS-ON COURSES

Indirect Veneers
Dr. Munir Silwadi, UAE

Face & Smile Analysis
Dr. Eduardo Mahn, Chile

Direct Veneers: The Shade Dilema
Dr. Eduardo Mahn, Chile

Veneers/ Crowns
The Challenge in Smile Design
Dr. Eduardo Mahn, Chile

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

By Dental Tribune International

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

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

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

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

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

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

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

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

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

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

Introduction

Endodontic treatment addresses the removal of the tooth’s internal pulp and microorganisms, primarily due to infection and necrosis. Once proper diagnosis and prognosis has been established, the patient has the option of maintaining the tooth’s form and function while the vitality becomes lost. Current endodontic treatment consists of utilizing rotary files to remove the pulpal tissue and shape the internal dentin chamber utilizing file lubricants such as chlorhexidine gluconate (CHX) and sodium hypochlorite. The chemicals employed to clean and disinfect the intracanal space with a syringe dose of 2-10 ml that is expelled under pressure. The ability of NaOCl to escape either through poorly sealed isolation or other means can cause serious injury to the patient.1

Injury from NaOCl is well established in the literature and has been attributed to three main errors: poor handling, injection beyond the apical foramen and allergy.2 Poor handling injury can result in operator and/or patient injury to the eye and/or skin.3 Injection beyond the apical foramen can result in the following:4

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

Allergy from NaOCl is rare but has been reported and may result in severe pain, a burning sensation, edema and transient paraesthesia.5

Methodology

Although there is no universally accepted irrigation protocol regarding endodontic treatment,6 it is the duty of clinicians to apply evidence-based dentistry within clinical parameters to provide their patients with the highest standard of care with minimal morbidity. The use of NaOCl has numerous beneficial factors that maximize treatment success; however, it is the application of the liquid that can cause injury. Micro-volume management of NaOCl has been proposed. The concept is based on the premise that endodontic instruments have irregular surfaces, crucial for dentinal preparation, and that liquids exhibit surface tension characteristics.7 By placing an instrument into a suitable container, the NaOCl will be diluted liquids, then the successful removal of those liquids is key to clinical success. Concepts of multiphase fluid flow through porous media, and capillaries, 10 permeability of porous media8 and surface tension fluid mechanics9 must be recognized to validate and further advance canal irrigation.

Micro-volume management of NaOCl has been suggested as a delivery modality to maximize its bactericidal effects yet minimize its injurious effects. Surface tension fluid mechanics and permeability10,11 suggest that the NaOCl can be carried within the surface irregularities of endodontic instrumentation and deposited into the canal space and percolate within the complex network of the canal. The passive management of the irrigant in micro-volume would greatly reduce complications due to poor handling. CHX has been distinguished.
The application of micro-volume management of NaOCl suggests that the canal space can be effectively cleaned in a conservative manner. Application of this principle has been applied to clinical cases with little to no post-endodontic sensitivity. Obturation has been completed with Therma-seal and Thermafil (DENTSPLY). Even though there is evidence of sealer extrusion, the absence of post-operative symptoms and pathology suggests adequate volume for sufficient disinfection.

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

Conclusions

Introduction of lubricants and irrigants into the canal complex is crucial for endodontic success. The action of fluids in the canal complex must be understood within the context of permeability, fluid mechan-ics and multiphase fluid flow through porous media.

NaOCl has several advantages for its role as an endodontic irrigant, but its use must be exercised with caution in order to prevent injury.

"NaOCl has several advantages for its role as an endodontic irrigant, but its use must be exercised with caution in order to prevent injury."

References

4. 5M ESPE; Periex™ Chlorhexidine Gluconate (0.12%) Oral Rinse Fact Sheet: 2009.

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FOR INTERACTION WITH THE WRITERS FIND THE CONTACT DETAILS AT THE END OF EACH ARTICLE.

Les Kalman, BSc (Hon), DDS, graduated from the University of Western Ontario with a doctor of dental surgery degree in 1999. He then completed a GPR at the London Health Sciences Centre. He has been involved in general dentistry within private practice since 2000.

He has served as the chief of dentistry at the Stratford-Mid- dorset General hospital. In 2011, he transitioned to full-time academics as an assistant professor at the Schulich School of Medicine and Dentistry. Kalman’s research focuses on clinical innovations, including the virtual Facebow app. Kalman is also the director of the Dental Outreach Community Services (DOCS) program, which provides free dentistry within the community. Kalman has authored articles ranging from pediatric impression to immediate implant surgery in both Canadian and American journals.

He has been a product evaluator for several companies, including GC America and Clinician’s Choice. Kalman is the co-owner of Research Driven, a company that deals with intellectual property development. Kalman is a member of the American Society for Forensic Odontology. Kalman has benefited from obtaining a GPR at the London Health Sciences Centre.

Les Kalman is a Clinical Associate Professor at the University of Western Ontario School of Dental Medicine. He has extensive experience in general dentistry and endodontics.

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The power of cross coding: How hygienists can support their patients’ overall body health

By Marianne Harper

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

As you are aware, dentistry is becoming recognized as a medical discipline. We in the dental field are in a unique position to support our patients’ overall body health. Our patients who maintain their regular recare schedules are quite probably seen by us more frequently than they are seen by their primary care providers. Around 50 percent of adults see their physicians in a year while 64 percent see their dentist, which means we see 25 percent more patients than they do.

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

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

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

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

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

Tests that can be performed in a dental practice:
- Blood sugar
- C-reactive protein (CRP)
- Influenza
- BANA for bacterial pathogens or their byproducts
- DNA for the presence of specific pathogens or for patient susceptibility to periodontal disease
- TOPs for inflammatory markers
- Oral HPV testing
- Diabetes testing with a glucometer
- Screening for cardiovascular disease
- Saliva biomarker test

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

Power of cross coding

There is, however, another area in which hygienists can make a significant difference in their practices. Dental-medical cross coding — and other nuances of the process.
coding is a cutting edge insurance system where dental practices can file a patient's medically necessary dental procedures with their medical plans. Implementing cross coding creates greater ease acceptance resulting in increased patient affordability and practice profitability. Hygienists can play a key role in the implementation of cross coding. Hygienists can be the communicators for cross coding in their practices by alerting the practice of patients whom they believe are medically compromised. Such patients are excellent candidates for cross-coded claims.

As an example, hygienists can inquire about conditions that might indicate that a patient has sleep apnea (Fig. 1). For those practices that treat sleep apnea, the practice would then need to refer the patient for a sleep study before commencing treatment. The dental practice would then need to inquire about conditions that might indicate that a patient has sleep apnea (Fig. 1). For those practices that treat sleep apnea, the practice would then need to refer the patient for a sleep study before commencing treatment.

Hygienists can also be the champions for cross coding by encouraging that their practices implement a cross-coding system. In most practices, the dental/nursing staff will need to have been modified by a specified circumstance. As you can see, cross coding is not an easy system to implement. The answer to easing the difficulty with cross coding is to take a good course on the topic. You also can check out my website, www. caryndentalpracticemanagement.com, to see the different tools available to help dental practices implement cross coding.

As mentioned already, the patient's benefit from cross coding is that medically necessary dental procedure can be made more affordable. It is possible to file the tests already mentioned with a patient's medical insurance plan. There are diagnosis and procedure codes that apply to these tests, but those are too involved for the scope of this article to provide all of the codes needed. There is no guarantee that these tests would be covered by the payer. According to the Centers for Medicare and Medicaid Services, "the existence of a code does not, of itself, determine coverage or noncoverage." It is certainly worth a call to determine coverage. I always advise practices that code tests and procedures to write the payer to encourage their patients to complain to their employers. Insurance contracts are between dental and medical plans. Implementing cross coding is not an easy system to implement.

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Marianne Harper is the CEO of The Art of Practice Management. Her areas of expertise include revenue and collection systems, business office systems and the implementation of CME (medical/medical coding) and dental/medical cross coding.

Harper is a consultant, trainer, lecturer and author. Her published book is "CrossWalk – A Guide Through the Cross Walk of Dental to Medical Coding" and her latest book is "Code-Hallie's series on medical cross coding for sleep apnea, TMD and trauma procedures. She also is the author of many articles published in dental journals.

Contact her at: The Art of Practice Management, 2217 Fox Horn Road, New Bern, N.C., 28562, or by email at a.p.m.1@suddenlink.net.
Clinical Tips: Demi™ Ultra and C.U.R.E™ Technology: (Curing Uniformity & Reduced Energy) what this brings versus competition?

By Kerr

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

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

C.U.R.E.™ Technology
1. TIP TEMPERATURE: an increase of °5.5C can cause irreversible damages to pulp.

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

Universal curing? Seems to be a compromise.

Light and quality of cure.

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

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

Curing Lights with violet LED to cure alternative photoinitiators provide non-uniform beam irra-
Moreover recent works reports that single diode blue LED light achieve similar degrees of polymerization than broadband (multiple diode) LED and halogen lights, just increasing the curing time when curing clear and white composite shades.

Light guide tip positioning!

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

The light should be stabilized during the irradiation procedure.

To see young professionals achieve the goals of academic and clinical education, and successfully present and defend a Master degree thesis, and assemble records that thoughtfully explain the forensics of patient care. They behave ethically, act responsibly and eye the world with standards of excellence.

The EUC has been instrumental in enhancing the clinical capacity of its graduates. The university offers state-of-the-art services, latest trends and treatment philosophies, and uniquely handles highly complicated dental cases within the UAE.
Revolutionary aligner appliance expanding in the Middle East

By Inman Aligner

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

One appliance

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

Fast and predictable result

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

The lecturer - Tif Qureshi

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

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

By Roddy Abdallah

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

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

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

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

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

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

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

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

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

Digital dentistry has impacted the dental laboratory field heavily in a positive way. It is helping in improving the skills and products we use and improving skills and materials being the best option and highlighting on all new technologies and materials before we could see them in the dental events.

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

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

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

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

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

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

These days, the dental media is playing an important role in the development of our industry by sharing all news and updates to a large and wide range of people and highlighting on all new technologies and materials before we could see them in the dental events.

OPDL dental events have been well established over the years, what can you tell us about LDLS 2014?

LDLS 2014 (Lebanese Dental Laboratories Show 2014) is truly shaping up to be a remarkable...
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One step further with CAD/CAM

By Dr Steven Soo, Singapore

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

Many, if not most, clinicians still choose to have fixed implant-borne multi-unit prostheses fabricated by traditional methods of casting and veneering precious metal alloys. However, the associated high technical and material costs may be prohibitive to the group of patients who need this treatment modality the most. To this end, more cost-effective alloys, including base metal alloys, have been cast and veneered with a variety of tooth-coloured materials with good success. CAD/CAM takes this one step further. In fact, materials such as zirconia, which has revolutionised dental prostheses, would not be in use were it not for CAD/CAM.

There has been much discussion around the problem of achieving passivity of fit, the lack of which, it has been posulated, can contribute to mechanical and biological complications. The multiple steps and materials used in impression taking, casting a working model, producing a wax pattern, casting in metal alloy then veneering in tooth-coloured material all lead to a certain degree of misfit.

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

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

My presentation at the Dental Tribune Study Club Symposium highlighted some of the advantages and disadvantages of CAD/CAM. My goal was to enable clinicians to see how it might become more widely accepted in their daily practice and remove some of their reservations.

The next generation of dentists will hopefully come to view traditional methods of manufacturing dental prostheses in the same way as we now view fixed partial dentures as a way to replace missing teeth before implants.

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

Straumann abutments now available to 3Shape software users

By Dental Tribune International

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

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

“Many laboratories are steadfast users of both the 3Shape Dental System and Straumann abutments. Now, they can design highly aesthetic and functional customised abutments and send them directly for manufacturing at Straumann—thereby introducing a wider range of choices for dentists and their patients,” explained Flemming Thorup, President and CEO of 3Shape.

“In addition, 3Shape customers are now able to connect with Straumann dentists and, thus expand their business opportunities,” Frank Henn, Executive Vice-President of Customer Solutions and Education at Straumann, added.

3Shape users who wish to benefit from this opportunity may contact Straumann for information on obtaining the libraries. Availability will depend on the specific system configurations, the companies stated.
event, this year we are involving esteemed speakers as well as fellow dental dealers who are eager to display the latest products in the dental field for 2014. What are the challenges facing OPDL in the dental lab order today? OPDL is an established order due to the solidarity of my fellow peers and colleagues. It’s main challenge is to involve securing the rights of our colleagues and perform strict laws for those who would try to practice our profession illegally.

What are your recommendations to the fresh dental lab graduates? I would like to tell all fresh graduates to enrol immediately after their graduation in our dental laboratory order to ensure a better future and uphold the rights of our colleagues and peers and colleagues. It’s mainly due to the solidarity of my fellow peers and colleagues. It’s main challenge is to involve securing the rights of our colleagues and perform strict laws for those who would try to practice our profession illegally.

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“...the human eyes and hands are not predictable to the extent that results can exhibit preciseness of few if not single micron tolerances. Utilizing the very well advanced CAD software, we are able to come up with almost perfect restoration designs. CAM software are following suit. What we see on the screen is often what we got out of the milling unit or the 3D printer. It is the obligation of every one of us to join this fast moving industry. We owe it to our patients as well as to ourselves to get acquainted with and put in use all available technology to offer the best possible treatment. I believe that Digital and CAD/CAM generated restorations are taking over in setting the standards of dental restorations. They are precise, predictable and much easier to produce. We are, beyond doubt, getting closer to our goal. The perfect restoration seems to be just around the corner.”

Critical parameters. Rapid developments in the field of CAD/CAM systems in the last decade are bringing us ever closer to our goal. Nowadays, digital workflow can be implemented with great confidence. Scanners, milling units, and 3D printers are getting so precise to the extent that results can exhibit preciseness of few if not single micron tolerances. Utilizing the very well advanced CAD software, we are able to come up with almost perfect restoration designs. CAM software are following suit. What we see on the screen is often what we got out of the milling unit or the 3D printer. It is the obligation of every one of us to join this fast moving industry. We owe it to our patients as well as to ourselves to get acquainted with and put in use all available technology to offer the best possible treatment. I believe that Digital and CAD/CAM generated restorations are taking over in setting the standards of dental restorations. They are precise, predictable and much easier to produce. We are, beyond doubt, getting closer to our goal. The perfect restoration seems to be just around the corner.

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“A Faster Way to Straight Teeth

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