**iTOP - Harp instead of rock guitar**

**By Rolf Kufus, Switzerland**

In prophylaxis, the individual approach is as important as the training aspect. iTOP, which is Curaprox prophylaxis training, therefore considers "prevention" to be more than just using fluoride toothpaste.

When Rolf Kufus, a Zurich dentist, talks about prevention, he emphasizes the demands that prevention makes on dentists and patients alike. He compares it to music: "In most cases, prophylaxis means that the guitarist in a heavy metal band suddenly has to learn to play the harp. This is not something you learn overnight, and especially not without a teacher."

Right through from cleaning interdental spaces to the proper use of the single tuft and the efficient method with a soft, densely-bristled toothbrush based on the modified Floss method: iTOP is a three-step tutorial for beginners and advanced learners, for dental professionals. With toothbrush, single tuft brush, interdental brushes and dental floss in hand, participants learn

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**Innovating Oral Care**

**What makes a great toothbrush?**

**By Hansjoerg Reick, USA**

As Hansjoerg Reick describes his career and involvement in Oral-B and Procter and Gamble's Professional Care Technology, his enthusiasm and interest are obvious. When asked what he considers his greatest personal achievement since joining Oral-B in 1996, he will tell you that it has been helping people achieve better oral health. "Oral care has been an area of growth and great innovation, an exciting business to be in and a great opportunity to create better products," Hansjoerg recalled.

With research and development facilities throughout the world, all Procter and Gamble's innovative oral care products are developed by global teams in multiple technical centres and with experts from different disciplines. This involves working in close collaboration and partnership with all stakeholders—dental practitioners, universities, product research and development, marketing, clinical and consumer research, engineering and quality assurance.

Hansjoerg and his team 'tap into the expertise and understanding of all technical centres worldwide, bringing together all of the innovators in research, development, clinical and consumer testing. In this way,' he added, "we can create truly global and superior products.'

**Big stride forward**

In his opinion, the most innovative toothbrush development has been the creation of a small, round brush head with an oscillating-rotating motion. The basic innovation for this product happened shortly before Hansjoerg joined the company. "This was revolutionary and a completely different cleaning approach, everything else at the time was either a manual or power brush that mimicked manual brushing motions," he said.

When asked how the research and development team had come up with the idea, Hansjoerg will tell you that it was a dentist-inspired solution. The research team developed the oscillating-rotating power brush by analysing the most effective cleaning mechanisms available in the dental industry and elsewhere—how brushes and bristles worked, and in what directions the bristles went depending on the motion of the brush. "What the team discovered was that a rotational side-to-side brush movement was necessary for the bristles to reach all areas of the teeth from all angles, especially in hard-to-reach areas. This novel design was tested extensively in the laboratory, in clinical trials and by dentists in practice before it was introduced. It has been independently reviewed and determined to be superior to manual brushes—especially in the critical lingual and interproximal areas, and other areas with difficult access. This design provides the best cleaning efficiency by surrounding and adapting to the morphology of the teeth," Hansjoerg said.

"It offers a superior clean experience and benefit for users. In fact, a 2005 Cochrane collaboration study found that only oscillation-rotation brushes were consistently superior to manual brushes for plaque and gingivitis reductions."

In a more recent systematic review in 2011, significantly greater plaque and gingivitis reductions were again found only with oscillation-rotation brushes compared to manual brushes, confirming these earlier findings. After I joined Oral-B, we built on this innovation by adding pulsations to the oscillating-rotating technology to create the 3D Professional

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About the Author

Hansjoerg Reick is the associate director of research and development of Global Oral Care Advanced Technologies and Innovation at Procter and Gamble. He has a diploma in Mechatronics Engineering, and lives in Cincinnati, Ohio.

The Future

Hansjoerg said, “I am still in oral care development because it is very rewarding – there is plenty of opportunity for future product improvements to help patients and consumers improve their oral health.” Fast forward 10 years and Hansjörg sees a clear and continued commitment to the delivery of the best-performing power brushes – brushes that people will like using because of the experience itself. All products will be global and there will be a range of products for everyone. He added, “It’s a great job!”

The full list of references is available from the publisher.

Procter and Gamble's Oral-B Professional Care brush has in-use feedback, including a two-minute timer and a pressure sensor.

Specially-developed brushing robots enable Oral-B to improve product designs 24 hours a day.
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over several days how prophylaxis is more than mere fluoridation. That it means efficient and atraumatic brushing, individual training and even tailored coaching. Prophylaxis can also be a pleasure - and can motivate: Yes, my teeth are clean, my gums are healthy!

Train and train once again. iTOP is individually trained oral prophylaxis, that rejects the thinly-spread “watering-can” principle in favour of individually tailored prevention. Every mouth is different, individually tailored prophylaxis is more than mere fluoride treatment because they were not educated and trained. This bleeding could so easily be stopped.” (Cf. box).

Implants - the failures of prophylaxis
Rolf Kufus realigned the prophylaxis concept for Personalized Dentistry in his practice when prophylaxis was primarily understood to mean brushing three times a day using fluoride toothpaste and the brunt of the dental work was placed on tooth repair. Today, there is an ever-increasing number of dentists who view prevention as an essential part of their role of a dental practice, moving away from repair towards prevention - without losing sight of profit orientation.

Ultimately, iTOP also changes the role of dental hygienists who are shedding their role as “abrasive cleaners” and are turning into partners and fitness trainers for the oral health of patients.

People are living into their 90s increasingly. It’s better without tooth-cleaning damage such as exposed tooth necks. “Patients with tooth-cleaning damage such as exposed tooth necks are unaware of being ill but instead they feel they’re doing everything right,” says Rolf Kufus. “And nobody wants to intentionally destroy their mouth. These are all simply wrongly trained habits.” Catherine Schubert, dental hygiene specialist and iTOP instructor, knows how detrimental these habits can be: “All too often, I see patients who are still suffering from bleeding gums even after ten years of treatment because they were not educated and trained. This bleeding could so easily be stopped.” (Cf. box).

Implants - the failures of prophylaxis
Rolf Kufus realigned the prophylaxis concept for Personalized Dentistry in his practice after his first iTOP course. “People are living into their 90s nowadays. It’s better without exposed tooth necks.” He recalls that a tooth goes through about six stages in the course of its existence from emerging to falling out. Kufus: “If we succeed in delaying each of these stages by a few years, then, except for special cases such as accidents or agenesis, an implant may no longer be necessary.”

In this new interpretation, an implant can be ultimately seen as a failure of prophylaxis.

It is no longer like it used to be, when prophylaxis was primarily understood to mean brushing three times a day using fluoride toothpaste and the brunt of the dental work was placed on tooth repair. Today, there is an ever-increasing number of dentists who view prevention as an essential part of the Hippocratic oath - namely the obligation to dental health as a whole. This also changes the role of dental hygienists who are shedding their role as “abrasive cleaners” and are turning into partners and fitness trainers for the oral health of patients.

Ultimately, iTOP also changes the role of a dental practice, moving away from repair towards prevention - without losing sight of profit orientation.

Dental care is fun like this Dental hygiene professional and iTOP instructor Catherine Schubert on the:

- three most common mistakes in dental hygiene: Cleaning in the wrong place: the toothbrush is not close enough to the gums, with the result that its bristles cannot reach the sulcus.

Brushing with too hard a toothbrush: if the toothbrush bristles are too hard, the patient automatically moves the brush away from the gums and simultaneously causes brushing damage.

Brushing with too much pressure: together with cuts by flossing (and resulting recession of the gums), one of the most frequently corrected errors.

- three most easily achievable improvements: Using an interdental brush: iTOP graduates learn with surprising speed just how efficiently the spaces between the teeth can be cleaned.

Feeling rather than intellect: DH professionals mainly instruct patients using a model. In iTOP courses, they learn on each other how atraumatic tooth cleaning actually feels.

Brushing perceived as pleasure: bleeding disappears in an instant thanks to a change in brushing technique and a soft brush. Dental care and its results create happiness.
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Infection control in an era of emerging infectious diseases

It’s critical to remain vigilant in ensuring an infection-free environment

By Eve Cuny, LSA

More than three decades have passed since the emergence of human immunodeficiency virus (HIV) as a global pandemic. More than any other infection, it is possible to single out HIV as the primary stimulus for changing infection control practices in dentistry. Prior to the mid-1980s, it was uncommon for dentists and allied professionals to wear gloves during routine dental procedures. Many dental clinics did not use heat sterilization, and disinfection of surfaces was limited to a cursory wipe with an alcohol-soaked gauze sponge. This was despite our knowledge that hepatitis B virus (HBV) had been spread in clusters in the offices and clinics of infected dentists and that dentists were clearly at occupational risk for acquiring HBV.

 Plenty of reasons to remain vigilant

Today, many take safe dental care for granted, but there is still reason to remain vigilant in ensuring an infection-free environment for providers and patients. HIV has fortunately proven to be easily controlled in a clinical environment using the commonsense precautions that are effective for preventing the transmission of HBV and hepatitis C virus. These standard precautions include the use of personal protective attire, such as gloves, surgical masks, gowns and protective eyewear, in combination with surface cleaning and disinfection, instrument sterilization, hand hygiene, immunizations and other basic infection control precautions. Sporadic reports of transmission of blood-borne diseases associated with dental care continue, but are most often linked to breaches in the practice of standard precautions.

Once-common viruses now in headlines

Emerging and re-emerging infectious diseases present a real challenge to all health care providers. Three of the more than 50 emerging and re-emerging infectious diseases identified by the Centers for Disease Control and Prevention and the World Health Organization (WHO) include Ebola virus disease (EVD), pandemic influenza and severe acute respiratory syndrome.1 These previously rare or unidentified infectious diseases burst into the headlines in the past several years when they exhibited novel or uncharacteristic transmission patterns. Concern about emerging infectious diseases arises for several reasons. When faced with a particularly deadly infectious disease such as EVD, which can be spread through contact with an ill patient’s body fluids, health care workers are naturally concerned about how to protect themselves if an ill patient presents to the dental clinic. With diseases such as pandemic influenza and severe acute respiratory syndrome, which may be spread via inhalation of aerosolized respiratory fluids from a patient coughs or sneezes, the concern is whether standard precautions will be adequate.

In addition to standard precautions, treating patients with these diseases requires the use of transmission-based precautions. These encompass what are referred to as contact, droplet and airborne precautions for diseases with specific routes of transmission. Transmission-based precautions may include patient isolation, placing a surgical mask on the patient when he or she is around other people, additional protective attire for care providers, and in some cases, the use of respirators and negative air pressure in a treatment room. In most cases, patients who are contagious for infections requiring droplet or airborne precautions should not be treated in a traditional dental clinic setting.

Treatment delay can be best policy

Conclusively, identifying patients who are symptomatic should refrain from coming to work until they have been free of fever without taking medications for 24 hours. In most cases, a patient with symptoms as severe as those experienced with EVD will not present for dental care and therefore extraordinary screening and protection protocols are not recommended. If a patient is suspected of having a highly contagious disease, he or she should be referred to a physician, hospital or public health clinic.

Protect yourself and patients with vaccinations, proper hand hygiene

Dental professionals should take action to remain healthy by being vaccinated according to the recommended guidelines, understanding that the recommendations may differ according to country of residence. Performing hand hygiene procedures at the beginning of the day, before placing and after removing gloves, changing gloves for each patient, wearing a clean mask and gown or laboratory coat, and wearing protective eyewear are all positive actions that help prevent occupational infections. In addition, cleaning and heat sterilization of all instruments and disinfection of clinical surfaces ensure a safe environment for patients. There is solid evidence that dental care is safe for patients and providers when standard precautions are followed, but patients and dental health care workers are placed at risk when precautions are compromised and breaches occur.

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