Get ready to sink your teeth into the Big Apple in a way that only the Greater New York Dental Meeting can provide. With a myriad of new programs on and off the exhibit floor as well as seminars and workshops, you’ll want to plan your time carefully. Here is a taste of what awaits you.

Witness “Live Dentistry” on the exhibition floor where you can watch procedures that showcase the latest in dental technologies and materials. Also on the exhibit floor, in glass-enclosed areas, you can attend workshops that will present a broad spectrum of up-to-date, hands-on procedures. You can even earn one hour of C.E. credit for walking the expanded exhibition floor, home to more than 1,500 booths overflowing with information on more than 1,500 booths. For more in-depth coverage about the Invisalign Educational Expo and Ortho Specialty Programs, please see pages 11 and 12.

What is the state of lasers in dentistry today? Dental lasers are state-of-the-art technologies. Every dentist should own one and use it as an integral part of his or her practice, especially as they are much more affordable than they were 15 years ago when I got my first laser; I had the Duopulse by Excel Quantronix, which has two separate lasers in one unit: a holmium and neodymium laser. I still have this unit in my office and use it as a backup laser to my newer ones. Lasers can be used by themselves or as an adjunct tool as they are versatile and precise. A simple diode laser can be used to disinfect tooth structure, in crown lengthening, frenectomy, biopsy, periodontal disease and gingival sculpting, etc. There are lasers like the Perio-MVP-7, which are specifically built around a patented soft-tissue technique for periodontitis — laser assisted new attachment procedure (LANAP). There are hard-tissue (modifies lasers) as well as soft-tissue (modifies lasers) and there are lasers available today that combine both a soft and hard tissue laser in one unit. It all depends on the practice one has, or the one that you want to develop. Bottom line is that you cannot consider yourself a dentist on the cutting edge if you do not have and use a laser as part of your daily regimen regardless of what type of dentistry you practice.

How about lasers and soft tissue such as gum and pulp? I have developed a direct pulp capping technique involving a laser and the immediate placement of a porcelain restoration [CEREC], which has a great success rate as the laser can reach places that antisepsics and antimicrobials cannot reach because of their shallow penetra-
Don’t miss Randy Dananoh’s lecture at the Dental Tribune Symposium during the Greater N.Y. Dental Meeting at 1:30–2:30 p.m. on Dec. 2.

This course will provide you with an opportunity to see for yourself how the benefits of “heads-up” dentistry can enhance your practice. Experience first hand the Dental Procedure Scope, a life-changing device that provides increased magnification, superior lighting and shallower tissue penetration.

The lecture will provide an overview of how Dental Procedure Scopes work, their capabilities and the ease of which they can be incorporated into your daily routine. Learn how they can enhance your practice and put the fun back into dentistry. It’s just a wonderful way to spend your day!

Don’t miss Dr. Jesse’s and Dr. Kaminers lecture at the Dental Tribune Symposium during the Greater N.Y. Dental Meeting at 3–4 p.m. on Dec. 1.

Topics to be discussed include the following: caries management by risk assessment; current concepts in endodontology; minimally invasive endodontics; bonded fiber posts; dental lasers; minimally invasive periodontics; current advances in tooth whitening; bonding agents: separating the truth from the hype; and much more. This program will introduce concepts that will change the way you practice forever.

Enhancing your dentistry: Get out of dentistry alive!

Minimally invasive dentistry in rapid-fire fashion

Using 3-D X-ray imaging and planning to increase patient treatment acceptance

Catch Dr. Patel’s lecture at the Dental Tribune Symposium during the Greater N.Y. Dental Meeting at 10 a.m.–1 p.m. on Dec. 1.

Dr. Patel will share a practical perspective of cone beam technology and its multiple uses in “real world” private practice. He will shed light on what the future has to offer and give insight into the impact CBCT technology can have from a business standpoint — return on investment (ROI)!

By the end of the presentation, attendees should:

• Understand how 3-D technology can benefit the modern dental practice.
• Learn how state-of-the-art 3-D digital dentistry is being done today.
• Acquire the tools for implementing 3-D X-ray imaging and software in their practice.

Periodontitis is a bi-directional disease in which oral bacteria are also ideal for preparing class I and class V restorations and removal of defective composite materials; however, they cannot be used on metal or porcelains, as these cannot be cut by a laser.

Metals and porcelains must first be removed using the drill; however, once they are removed the laser can be used directly to remove any underlying caries. If the caries are very deep, the erbium laser can be used in a direct/indirect pulp-capping technique with the immediate placement of a CEREC 3-D porcelain restoration. An erbium laser like the Waterlase MD by Biolase can also be used in the direct treatment of root canals as it has laser endodontic tips that are used post instrumentation for cleaning and disinfecting the canal.

What are your thoughts on a connection between heart disease and periodontal disease?

I love it when patients tell me that they are fit and in good shape except, of course, for the severe gum disease they have. Unfortunately, we have grown up with faulty medical/dental health models that describe the body as distinct and disconnected units, and this shows up in how we view disease and the body. Severe infection in the body is dangerous as it can spread, especially to vulnerable organs.

Periodontitis is a bi-directional manifestation of disease. It can be seen as a manifestation of systemic disease such as diabetes, cutaneous disease, joint disease and osteoporosis. It can also be seen separately from systemic ones as its own complete disease with the great potential of releasing bacterial emboli into the bloodstream that can travel to the heart, lungs and other major organs. It has been linked to cardiovascular disease since the late 1990s and rightly so, as oral bacteria are not contained but spread and are particularly dangerous for heart patients who are vulnerable to endocarditis, especially before open-heart surgery.

An Nd:YAG laser can reduce microbial colonies that inhabit periodontal pockets by 97 to 100 percent, as the laser is precise, site specific and does not rely on secondary or tertiary effects to kill microbes. It destroys microbes and their colonies on contact without any side effects.

Editor’s Note: Please see Cosmetic Tribune for a clinical article by Dr. Cortes and her contact information.

“The article is titled, “High-Tech Pulp Capping Using Laser and CAD/CAM, Dental Economics,” and was published by PenalWill.

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Robert S. Graham, RFC, CFM
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Endodontic irrigation via EndoVac: safety, efficacy and clinical techniques

Although seemingly simple, endodontic irrigation is a highly complex problem that begins with patient safety and ends with clinically efficient and effective results. However, as complex as the problem is, the answer is equally simple. Attendees will learn the answer, while becoming familiar with:

• Identifying flaws in current endodontic irrigation studies.
• Listing the principles and ancillary benefits of apical negative pressures.
• Describing the critical importance of safely using full-strength sodium hypochlorite during endodontic irrigation.

High-resolution cone beam with PreXion 3-D

Don’t miss Dr. McEwen’s lecture at the Dental Tribune Symposium during the Greater N.Y. Dental Meeting at 3–4 p.m. on Nov. 30.

Cone beam computed tomography (CBCT) offers a whole new paradigm to dental radiography. From what were conventional 2-D images, dentists now have the ability to look at the maxillofacial region in any direction, and at any thickness, as well as in 5-D. With the introduction of CBCT the specialist and general dentist alike can now afford to own and enjoy the benefits of this fantastic diagnostic tool. This symposium will cover the basics of CBCT, field of view (FOV), focal spot, flat panel types, processing time and gray scale, and how these affect resolution and image quality. PreXion 3-D high resolution images will be discussed and time spent with real scans showing how these images can be used in planning periodontal treatment, implants, oral surgery, complex endodontic diagnosis, and treatment planning for the general dentist.

CEREC CAD/CAM: The power of technology in clinical restorative dentistry

Join your colleagues for Dr. Antenucci’s lecture at the Dental Tribune Symposium during the Greater N.Y. Dental Meeting at 10 a.m.–1 p.m. on Nov. 30.

CAD/CAM technology has revolutionized the practice of dentistry with enormous implications for the delivery of patient care that is timely, comfortable, long lasting, beautiful and economical. This presentation is designed to provide not only an overview of the role of CAD/CAM and CEREC in clinical dentistry today, but also provide attendees with practical clinical information on how CEREC literally transforms the practice of restorative dentistry. Numerous clinical cases will be provided along with a thorough discussion of case selection, fabrication and design, delivery and finish. Attendees will leave with a thorough understanding of the clinical application and use of CEREC CAD/CAM technology in achieving outstanding results.

Successful treatment strategies for anterior total tooth replacement in the thin scalloped periodontal architecture: the ankylOs tissue care concept for long-term success

Catch Dr. DiGiallorenzo’s lecture at the Dental Tribune Symposium during the Greater N.Y. Dental Meeting at 1:30–2:30 p.m. on Dec. 1.

This lecture will provide a systemic, biologic and evidence-based approach to ensure success in the class 1 to class 4 case utilizing the “Tissue Care Concept by AnkylOs,” PRGF, lasers and piezo surgery. Learn about:

• How periodontal biotypes and its affect on treatment decisions.
• Immediate or staged?
• Surgical management: incisions,atraumatic extraction, periodontal plastics, bone grafting (PRGF), overcorrection, site preparation, and 3-D implant placement.
• Prosthetic management: abutment selection, provisionalization, restorative materials and methods.

Bone preservation: one of the keys to esthetic success in immediate implant therapy

Don’t miss Dr. Levin’s lecture at the Dental Tribune Symposium during the Greater N.Y. Dental Meeting at 3–4 p.m. on Dec. 2.

Clinicians and researchers have developed recommendations regarding implant position, dimensions and numbers, but the area of surgical technique and instrumentation to preserve native bone has been under emphasized. Instrumentation designed to remove teeth without damaging or eliminating pre-existing conscious tissue is mandatory. The era of using large cumbersome elevators and forceps is dwindling. Surgeons must now appreciate the importance of preserving surrounding bone and maintenance of soft tissue and understand the necessity of modern instruments designed to facilitate, if not enable, esthetically pleasing results.

The advent of Periotomes, X-Trac forceps and now X-otomes by A. Titan Instruments has simplified these procedures. The presentation will demonstrate the role of these instruments in immediate implant surgery.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dtamerica.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dtamerica.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

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For more information and registration, please contact Julia Wehkamp: j.wehkamp@dtamerica.com.
Do you value your care?

By Sally McKenzie, CMC

H ave you ever heard of Fritz Knipschildt? I've never met him, but I think I'd like to, for a few reasons. First, Knipschildt is a Connecticut-based chocolatier. Now, mind you, this guy is no ordinary candy maker. No sir. A one pound box of his confections will fetch $2,600. Yes, you read that correctly, two-thousand, six-hundred dollars.

Do you suppose that Knipschildt loses sleep over how much he charg-es for his award-winning decadent delights? I would guess that he feels quite confident in his fees given his credentials, the time, care and ingre-dients that must go into each “truly exquisite chocolate experience” as they are described on his Web site. Whenever I come across a story about someone like Knipschildt, I’m always struck by the irony. This gentle-man is not afraid to place a signif-icant value on the few minutes of pleasure that he provides in each of his creations. Yet many dentists who provide a lifetime of care and con-cern for their patients suffer immea-surably whenever they must stand toe-to-toe with a $4 fee increase. They fret and they worry and they hem and they haw. How will the patients react? Will they balk? Will they leave and never come back? Will they complain about me to their friends, neighbors and random peo-ple they meet on the street?

Economic boom or bust, it seems that dentists are always reluctant to do anything that might call attention to the issue of m-o-n-e-y. Certainly, where you set your fees is a per-sonal decision, yes, but your business depends on it. Whether you increase your fees, lower them or keep them firmly planted where they are, there are a few steps you want to take to ensure that you are making a care-fully reasoned decision, rather than simply reacting to what you perceive to be the current public sentiment.

Keep up with the Joneses

Many dentists will arbitrarily establish their fees without ever checking out what Dr. Jones, Dr. Smith or any of their dental neigh-bors are charging. Study dental fees in your area and find out where yours stand in comparison. Infor-mation on dental fees is available online and through your local dental society. Income and demographic information, which can be extremely helpful in establishing fees, is available through the local chamber of commerce as well as through private companies, such as Scott McDonald and Associates. In addition, a variety of surveys and reports regarding the costs associated with running a den-tal practice are available through the American Dental Association.

Consider the message your fees send to current and prospective patients. If yours are the lowest in the area, you may be setting yourself up to be a magnet for price shoppers. Similarly, if your fees are the highest, consider if your services are on par with the rates charged. Perhaps you do indeed offer a patient experience and a level of dental care and exper-tise that warrants the higher rate. Or perhaps you prefer to work with a smaller patient base. That is fine, but you still need some understand-ing of how your fees compare to the competition.

Make logic, not fear, your guide

Many dentists have not increased their fees in a very long time and have no system for doing so. Conse-quently, these dentists have trapped themselves in a financial quagmire, many charging only in the 50th to 60th percentile for their areas. Under-charging patients by as little as 7 or 8 percent each year translates into thousands of dollars lost to the practice. Undercharging by 40 to 50 percent translates into a serious financial pounding.

The dentist down the street may be charging in the 90th percentile and may be thriving, but many den-tists convince themselves that they simply couldn’t charge that because patients will leave or the dentist feels guilty for increasing fees. Or the den-tist doesn’t believe that his/her level of care is really worth that price. Yet ours is a culture in which people associate quality with cost. And, like it or not, cheap is often equated with low quality. Certainly, if you’re charging in the 60th percentile today, you don’t want to jump to the 90th percentile next week, but you do need to develop a plan to gradually increase fees over time.

Fee adjustments are simply a nec-

See DO YOU, Page 7
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In terms of expenses, they should line up according to the following benchmarks: laboratory expenses, 10%; dental supplies, 5%; rent, 5%; employees’ salaries, 19–22%; payroll taxes and benefits, 5–5%. Identify specific production goals based on the number of days per week you will see patients and the number of hours you will spend on treatment. (More on that in a moment.)

Establish a solid fee for each service and plan to adjust your fees twice a year, 2% then 3% for an annual increase of 5%. Even if you increase your fees only slightly — $4 to $5 per procedure — that will make a huge difference in your bottom line.

Revisit your vision and goals

Step back and take a look at what you want to get out of your career now and in the future. Perhaps you want to save for retirement. Maybe you really want to work fewer hours to spend more time with your family. Perhaps it’s your dream to create a truly state-of-the-art practice.

No matter what your personal/professional desires, they do have a price tag attached. The key is to determine how much your practice needs to produce to enable you to not only to keep the lights on and the staff paid, but to achieve your vision and goals as well. That’s where production per hour goals come in. Let me explain.

By way of example, let’s say your goal is to break the million dollar mark for practice production, including hygiene. If you take 53 percent out for hygiene, that puts your share of the goal at $670,950. This calculation to about $15,958 per week (taking four weeks out for vacation). Working 32 hours per week means that you will need to produce about $456 per hour.

A crown charged out at $930, which takes two appointments for a total of two hours, exceeds the per hour production goal by $54. It’s unlikely that you re-doing crowns every hour on the hour, but this surplus revenue could be applied to any shortfall caused by smaller ticket procedures.

Use the formula below to determine the rate of hourly production, and whether you’re meeting your own personal production objectives.

1) The assistant logs the amount of time it takes to perform specific procedures. If the procedure takes the doctor three appointments, she/ he should record the time needed for all three appointments.

2) Record the total fee for the procedure.

3) Determine the procedure value per hourly goal. Take the cost of the procedure, for example $215, divide it by the total time to perform the procedure, 50 minutes. Take the production per minute value of $4.30, and multiply that by 60 minutes to get $258/hour.

4) The amount must equal or exceed the identified goal.

Now you can identify tasks that can be delegated and opportunities for training that will maximize the assistant’s functions. You also should be able to see more clearly how set up and tasks can be made more efficient. And you’ll be well on your way to achieving your own production goals, whatever those may be.

Finally, as you consider the various steps and suggestions I’ve offered in this article, you might want to mulit it all over a nice glass of wine, perhaps a bottle of 1787 Château Lafite — that is, if you can get your hands on one. One such bottle sold at Christie’s London in December 1985 for a mere $160,000. Said to have been from the cellar of Thomas Jefferson, our third president, it was recorded to be the most expensive bottle of wine ever sold.

Certainly, some of you will shake your heads in disbelief at such seemingly outrageous sums for consumables. But I can promise you that the person who purchased that bottle had great appreciation for the value of his/her investment. My point is that dentists commonly undervalue the care and treatment they provide. Often times the biggest barrier in establishing appropriate fees is not the patients, it’s the dentists who sell themselves and their care short time and again.

About the author

Sally McKenzie, Certified Management Consultant, is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry, and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its Web site, www.mckenziemgmt.com. In addition, the company offers a vast array of Practice Enrichment Programs and team training. McKenzie is the editor of the e-Manage newsletter and The Dentist’s Network newsletter sent complimentary to practices nationwide. To subscribe visit www.mckenziemgmt.com and www.thedentistsnetwork.net. McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sally-mck@mckenziemgmt.com.
Smiling toward peace

By David L. Hoexter, BA, DMD, FACD, FICD
Editor in Chief

Dentists are contributing a massive effort to achieving peace in the Middle East. Ironically, the movement by our colleagues is called “Bridges to Peace.” Led by Dr. D. Walter Cohen, dean emeritus of the University of Pennsylvania School of Dental Medicine and chancellor emeritus of Drexel University College of Medicine, dentists are learning to improve the quality of life for the world’s populous.

The D. Walter Cohen Middle East Center for Dental Education, in collaboration with Henry Schein Cares, the global and socially responsible program of Henry Schein Inc., has launched a pioneering Israeli-Palestinian partnership between Israel’s premier dental school, Hebrew University, and the newly established Faculty of Dental Medicine at Al-Quds Dental University in East Jerusalem.

This partnership is creating forums for dialogue between dental professionals of different backgrounds, faiths and cultures to produce dental professionals skilled in modern dentistry techniques. Students from these schools are sharing classes and reporting information learned on the academic and clinical aspects of our profession. Henry Schein Cares is providing cutting-edge equipment and supplies to train these Israeli and Palestinian dental professionals to assure quality dental care.

Six recipients from this partnership were just awarded the prestigious Tree of Peace award. Stanley Bergman, CEO of Henry Schein Inc., speaking on behalf of the six honorees, after receiving the statuette of the Tree of Peace at the Pierre Hotel in New York City, reaffirmed his commitment to the role of dental medicine in building “bridges to peace.” I personally would like to emphasize two of these recipients. Professor Musa Bajali, dean of Al-Quds Dental School, and Professor Adam Stabholz, dean of the Hebrew University School of Dental Medicine, who deserve special recognition. Using ratiocination they — aided by the efforts of Dr. D. Walter Cohen — helped forge a leap toward global quality dental care.

Dr. A. Finkelstein, while presenting a large sculpture, the Tree of Peace, summarized the hopes of all involved when he sagely prophesized, “Perhaps this tree will grow into a forest. Through this great healing science we will teach the world that we can live in peace in the Middle East and throughout the world.”

As dentists show the world that by working together we can forge bridges to peace, I personally am very proud of my profession.

About the author

Dr. David L. Hoexter (BA, DMD, FACD, FADFE, FICD) is director of the International Academy for Dental Facial Esthetics, an organization that combines physicians and dentists with other related fields in research and relates its finding to clinical practice. He is also clinical professor in periodontics at Temple University, Philadelphia, Pennsylvania. He was previously clinical professor in periodontics at the University of Pittsburgh. He received his degree from Tufts University, where he was an adjunct professor in periodontics. He is a Diplomate of Implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a Diplomate of the American Board of Aesthetic Dentistry.

Dr. Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. He can be reached at (212) 555-0004 or dr-davidlh@aol.com.
Inspiration is what drives us to do incredible things. Inspiration drove people like Michelangelo to paint the Sistine Chapel, Thomas Edison to invent the light bulb and Ludwig van Beethoven to write his Fifth Symphony. Just as these revolutionary thinkers were inspired to bring something great into the world, Henry Schein Practice Solutions sought inspiration, and found it in our customers. With more than 170 user-requested features built in, DENTRIX G4 is the proven solution to making practices successful. Save time, save money and accomplish more with the practice management software that was inspired by you.

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Align Technology and Greater New York Dental Meeting create first Educational Expo at the 2008 Greater New York Dental Meeting

I
visalign® is a revolutionary concept in orthodontic treatment that has taken the country by storm. As of the second quarter of 2008, more than 800,000 patients have completed or are currently in treatment. Invisalign courses have always been immensely popular at the Greater New York Dental Meeting. So when Align Technology decided to hold its first national Invisalign Educational Expo during a dental meeting, they naturally decided to do so during the Greater New York Dental Meeting.

Invisalign is a series of clear, removable teeth aligners that both orthodontists and dentists use as an alternative to traditional metal dental braces. The Invisalign treatment program consists of a series of aligners that are switched out about every two weeks. Each aligner is individually manufactured to exact calculations in order to gradually shift teeth into place. Invisalign is the best way to transform a smile without interfering with a patient’s day-to-day life.

The Greater New York Dental Meeting offers more Invisalign programs than any other dental meeting in the world. During the 2008 meeting they will feature four full days of Invisalign programming, including: Invisalign Clear Essentials I and II; Invisalign Technique and Technology; Integrating Invisalign into the Hygiene Practice; Maximizing the Dental Assistant’s Role in Invisalign; and An Afternoon with the Invisalign Experts. With such a diverse array of educational programs offered, there is something for the entire dental team. All courses will be taught by Invisalign experts, and will take place in the Invisalign Pavilion located on the exhibit floor of the Jacob K. Javits Center in New York City.

The Greater New York Dental Meeting is proud to be an integral part of Invisalign’s first national educational expo, and looks forward to many more years of successful Invisalign conferences. “We have always had a very positive reaction to these programs at the Greater New York Dental Meeting. And with the awareness of Invisalign growing so rapidly, we know this first national conference will be a huge success,” said Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab.

“We feel very fortunate that Dr. Edwab and the Greater New York Dental Meeting team embraced the idea, and that they are constructing an Invisalign Educational Pavilion right on the exhibit floor,” said Dr. Lou Shuman, vice president of clinical strategic relations at Align Technology. “For years, the Greater New York Dental Meeting has consistently sold out all of our courses. This year, we look forward to providing its membership with a larger array of sessions than ever before, each presented by a leading authority on Invisalign.

The Greater New York Dental Meeting is confident that the conference will be very well attended. In fact, the only real “problem” they anticipate is that these courses are going to be too popular. Seating is limited and is on a first-come, first-served basis, so it is recommended that attendees register early to avoid disappointment.

The first Invisalign Greater New York Educational Expo will run Nov. 50 to Dec. 5, 2008. Come be a part of the excitement and experience all that New York has to offer! Pre-register yourself, your staff and your family at no charge. Registration is currently available on the Greater New York Dental Meeting’s Web site, www.gnydm.com. Click on “Courses and Events 2008” and type in “Invisalign” to obtain more information on specific courses or speakers who will be featured during the 2008 Invisalign conference during the Greater New York Dental Meeting.

For additional information please contact the Greater New York Dental Meeting at 570 Seventh Ave., Suite 800, New York, N.Y., 10018-1806; Tel. (212) 398-6922; Fax (212) 398-6934; Web site www.gnydm.com; e-mail address: info@gnydm.com.
Orthodontic specialty programs featured at the 2008 Greater New York Dental Meeting

The Greater New York Dental Meeting has assembled two exceptional panels of world-renowned speakers whose presentations will update attendees on the latest trends and techniques, and who will answer questions regarding some of the most controversial topics in orthodontics. These unique programs will run all day on Tuesday, Dec. 2, 2008 and Wednesday, Dec. 3, 2008 from 9 a.m.–4:30 p.m.

Tuesday’s program is titled International Symposium on Advances in Orthodontics. This seminar will provide brief exposure to some exciting new technologies that will change the efficiency and effectiveness of contemporary orthodontic treatment. Participants will learn how to maximize esthetic results in the clinical practice of orthodontics. Topics covered on Tuesday will include: The Importance of Maxillary Prominence in Orthodontic Treatment to Create Facial Harmony and Facial Aesthetics; Long-Term Longitudinal Evaluation; Technologic Leaps into the 21st Century Aesthetic Orthodontic Practice; The Use of Temporary Anchorage Devices in Efficiently Obtaining Maximal Aesthetic Orthodontic Results; and The Right Force Orthodontic Sensor System.

The program clinicians include: Drs. Michael Arvystas, Jean Pierre Joho, John Lohse, Anthony Maganzini and Robert Sears.

Wednesday’s program is titled Current Concepts to Improve Clinical Outcomes — Learn Them Today, Use Them Tomorrow. Topics covered will include: When Does a Non-Extraction Orthodontist Extract? Evidence-Based Analysis of Current Controversies; Avoiding Orthodontic Errors and Management of These Errors and The Use of Temporary Skeletal Anchorage in Orthodontics. Drs. Anthony Gianelly, R.G. “Wick” Alexander, P. Lionel Sadowsky and Jack Fisher will serve as the featured clinicians. This program is presented by an affiliation with the New York University College of Dentistry, Department of Orthodontics and Orthodontic Alumni Association.

These orthodontic specialty seminars are recommended for orthodontists, general dentists, orthodontic students and orthodontic post-graduate students interested in learning more about current topics in orthodontics. Registration for these courses is currently available on the Greater New York Dental Meeting’s Web site, www.gnydm.com. Click on “Courses and Events 2008” and scroll down to “Orthodontics” to view course synopses and to obtain additional information on specific orthodontic speakers featured at the 2008 Greater New York Dental Meeting.

The Greater New York Dental Meeting is the largest and most highly attended dental meeting in the United States. Figures from 2007 showed some 55,687 registered attendees, which included 16,602 dentists and 4,115 international registrants from 113 countries. Attendance is expected to increase significantly at the 2008 meeting where programs are available for dentists, students and the entire dental team. And remember, there is never a pre-registration fee for attending the Greater New York Dental Meeting.
Caries is a chronic infectious disease affecting both children and adults worldwide. Research within the last decade suggests that caries be treated as a preventable disease with emphasis placed on early detection and minimally invasive intervention to preserve healthy tooth structure.

The advent of fluoridation has caused caries to retreat “underground,” making fissure caries more challenging to diagnose. The “watch and wait” philosophy is not effective, because often enough the decision to treat the tooth is decided after the caries process had been well established. Subsurface decay may then progress to the point of extensive excavation and loss of valuable tooth structure.

Traditional caries detection modes, visual, tactile and radiographic techniques, are quantitative, subject to operator interpretation and can produce varied diagnoses. Treatment and prevention of dental caries requires new strategies by the dental team. The adjunctive use of laser fluorescence by DIAGNOdent® raises early caries diagnosis beyond 90 percent.

What is laser fluorescence and how does it work?

Laser fluorescence is the use of visible light dispersed according to its wavelength. Fluorescence occurs as a result of light absorption when electromagnetic radiation comes in contact with tooth structure. When compared with healthy enamel and dentin, fluorescence increases in the presence of caries because lesions that contain cariogenic bacteria show significantly higher fluorescence than those without. Fluorescence is produced when bacterial complexes known as porphyrins are activated by red light.

What is DIAGNOdent and how does it quantify carious lesions?

DIAGNOdent (KaVo, Lake Zurich, Ill.) became available in 2001 allowing clinicians another clinical option for detection of carious lesions including Class I, II, V, and secondary decay existing at amalgam margins and around certain types of sealant materials. The DIAGNOdent is based on the laser fluorescence principle and emitted light is proportional to the scale of the carious lesion, allowing DIAGNOdent to indicate the severity of the lesion.

It operates at a wavelength of 655 nm. At this particular wavelength, clean healthy tooth structure exhibits little or no fluorescence, and results in very low display readings.

The DIAGNOdent handheld devices (tabletop and pen versions) emit the laser light and can specify the location and extent of the lesion in tooth structure. As the laser light is emitted on the tooth, the two-way handpiece optics permits the electronic unit to simultaneously quantify the reflected laser light energy. This degree of fluorescence is expressed in a numerical value (0-99) and displayed on the digital screen. An audible tone is emitted from the unit allowing the operator to hear changes in the scale values on the display.

Are there any false positive readings when using the DIAGNOdent®?

When used properly, DIAGNOdent is over 90 percent accurate. The device has a high degree of sensitivity, making false positives very uncommon. However, false positives may arise when the operator fails to completely remove stain or debris. To ensure this does not occur on patients with heavy stain such as tobacco or coffee stain, pit and fissures should be treated with an air polisher such as the PROPHY-flex® and rinsed thoroughly.

When do you recommend using the DIAGNOdent?

It is recommended that DIAGNOdent be used as an adjunct before placing fissure sealants. It is recommended that DIAGNOdent be used as an adjunct before placing fissure sealants.

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About the author

Donna L. Catapano, RDH, BS, MA, is a dental hygiene graduate from Farmingdale State College in New York and joined their faculty as an adjunct clinical instructor in 2002. Prior to 2002, she worked as an adjunct clinical and laboratory instructor as well as an adjunct lecturer at New York University College of Dentistry. Catapano holds a master’s degree from Hofstra University, where her research focused on the oral-systemic link between gingival inflammation and cardiovascular disease. Another area of research throughout her experience includes forensic odontology. She currently practices clinical dental hygiene full-time in private practice and intends to pursue a doctorate degree in science.
VELscope photography

By Martin B. Goldstein, DMD

Those of you who purchased LED Dental’s VELscope may have discovered that while it appears to be a very useful tool for assisting in early oral cancer detection, documentation of your findings requires a bit of photo wizardry. Fortunately, a number of photo equipment vendors have taken note of the VELscope and now provide several approaches to capturing the oral cavity through the lens of this diagnostic tool.

It’s worth noting that LED Dental now ships a set of Doctorseys adapters with its new Vantage VELscope that allow for easy mating with today’s popular SLR cameras. If you’ve a previous model VELscope, this set can be had directly from Mr. Larry Blosser at (800) 200-5394 (www.jlblosser.com). This kit provides an assortment of adapters and a rudimentary list of camera setting recommendations. A certain amount of experimentation will allow you to dial in the settings that are right for your camera.

PhotoMed International offers a somewhat different approach. Their VELscope Photography Kit, which is ordered camera specific, includes not only the coupler, but a simple software application that allows the user to brighten the images for better viewing. (Please note: For an SLR to be appropriate for VELscope photography, it requires an ISO capability of 1600 or higher. Check your camera’s specs!) For more detail on the PhotoMed kit, please visit www.photomed.net and check under “accessories.”

For those who do not own an SLR camera and choose not to do so at this time, an alternative solution is Dental Learning Centers’ Dental-Foto VELscope system with a LoLite adapter currently based upon the Canon Power Shot A650. This camera complete system offers a convenient approach to VELscope photography with the added benefit of video capability. For more information on this system please visit www.dlcenters.com.

Should you already own a Canon Powershot, such as the A650 or a similar point and shoot camera, and wish to use it with your VELscope, a Doctorseys close-up adapter and coupling ring kit is available from Larry Blosser at (800) 200-5394 (www.jlblosser.com).

I have tried all of the above implementations and have found that each has its merits. Above all, it has been possible to obtain diagnostic quality images with all the options listed. The user need only select the scenario that best describes his or her “camera ready” state as well as budget requirements.

Sweden’s top students receive prestigious award

For the 19th year running, The Hon. Göran Anneroth Student Achievement Award of the Year, also known as the Dentatus-prize, was granted at a ceremony on the opening day of FDI/Swedental 2008 in Stockholm. The prize, which is sponsored by Swedish company Dentatus, is awarded yearly to the top students of the four dental universities in Sweden. This year’s recipients, selected by their respective university for their excellent academic achievements, were Nadya Esfahani, Ivana Franc, Jeanette Tveit, and Gustaf Wiklund.

In keeping with tradition, the students were also recognized for their achievements during the traditional Dentatus breakfast meeting held on Sept. 25. During the meeting, the newly awarded students had the opportunity to network with several prominent dental professionals from all over the world as well as representatives from the international dental industry.

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The importance of gingival health in a functional cosmetic case

By Martha Cortes

C omplete dentistry is the esthetic and occlusal harmonization of the teeth with the gingiva, lips and face. As dentists, we can directly affect the esthetics of the teeth and gingiva. However, we can also indirectly affect the lips and face by how we design teeth to sit in the oral cavity.

It is paramount in an esthetic case to have healthy gum tissue that enhances the beauty of a full smile makeover. The best, quickest, healthiest and most profitable way of treating gum disease is by laser therapy.

Laser Assisted New Attachment Procedure (LANAP®) is the standard of care for periodontal laser therapy and beyond that of conventional treatment, which amputates, leading to conditions that can be less than desirable. LANAP is a patented soft-tissue technique specifically utilizing the Periolase® MVP-7 Nd:YAG (1,064 nm wavelength) laser (Millenium Dental Technologies) with the aim of regenerative rather than traditional resection of the gum tissue, which is done solely for pocket maintenance.

The patient, a woman in her early 60s, came to my office because she was having problems with a bridge (lower left) that had recently been replaced; she was unable to chew well. During the discussion she revealed that she was also having problems on the lower right, indicating that the problem was not local but one that involved the bite.

On further examination, it was revealed that she not only had occlusal problems, but she also had moderate periodontitis throughout with bone loss especially impacting the lower anterior. The patient had worn away her teeth and, as a result, suffered from severe malocclusion.

She had large diastemas between the upper and lower centrals with little occlusal guidance. Her temporomandibular joints demonstrated hypermobility while opening and closing. The patient also had ill-fitting porcelain fused to metal crowns on teeth #5–6 and #51, #50, #12 and #21 with metal exposure and a new zirconium bridge with flat occlusion on teeth #16-20. All prophylaxis had poor color matching and flat occlusion.

The periodontitis and bone loss were partly due to a traumatic bite that improperly distributed the occlusal forces laterally rather than perpendicularly so that the loading forces were forcing the lower anterior

ors to splay.

In order to inhibit the mechanical progression of the periodontitis and bone loss, and prevent the teeth from splaying further, it was decided to completely restore the teeth to a fully functional platform. The patient was at first intimidated by the idea of a complete smile makeover, and yet she was at the same time ready for this life-changing event. The patient understood that the esthetics would be built functionally so that the occlusion, teeth, arches and periodontium would support each other and thereby help keep the entire oral cavity healthy.

Having a functionally beautiful smile not only affects a patient’s self-esteem, it also has an effect on the health of the head, neck and body as the patient tends to have better posture and better body integration, because aligned jaws might proprioceptively affect the body in space. Although the patient’s main concern was dental health, the added benefit of gorgeous esthetics appealed to her greatly.

Due to her severe malocclusion, the patient’s habitual centric bite could not be used as the guide for her smile makeover. The proper functional height for the patient’s teeth needed to be found and established. The patient had ground down her posterior teeth and much of the occlusion was lost. The forces of mastication were pathologically loading on the lower anterior, causing them to splay and repetitively injuring the gingiva.

LANAP’s uniqueness allows for the prepping and placing of restorations without having to wait an inordinate amount of time for the gums to heal as the gingiva is not cut and sutured; therefore, healing is quicker and less traumatic and esthetically more pleasing.

The patient was neuromuscularly tested using the K7 Evaluation System (Myotronics) in order to determine where the bite ought to be before restoring. The patient received a fixed orthotic/occlusal device that was worn for approximately six months in order to relax the pathologic forces, arrive at the correct vertical dimension for the patient and gradually retrain the neuromuscular defects. The splint would also help to abate any negative forces affecting the gingiva.

The patient would be restored with an eye toward the correct Shimtzushs measurement and with golden proportion principles in mind. A myocentric position is derived from the orthotic, and the use of a transcutaneous electrical nerve stimulator (TENS) that erases the habitual bite and helps to create healthy neuromuscular conditions, which inhibits its occlusal breakdown.

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The patient was tested again a few months later with the K7 to evaluate the temporal mandibular/jaw neuromuscular complex with the occlusal device determining the health of the new vertical on the entire system. At approximately four months after the mandibular trajectory was found, the upper teeth were ideally leveled with the provisions to correct the maxillary cant by proportioning the anterior canine to canine and harmonizing them with the posterior curve of Wilson.

The patient received LANAP on all quadrants using the Periolase MVP-7 laser for pockets that were between 4 and 7 mm, approximately three weeks before the orthotic was fixed to the lower arch. Had this been done conventionally, the patient would have needed to wait at least three months or more for the tissue to heal. Dental lasers are site specific, biostimulative, allow for excellent

See THE IMPORTANCE, Page 2
hemostasis and are intrinsically anti-septic and bactericidal on contact.

The patient received 28 units made of a pressible ceramic (IPS Empress® Esthetic, Ivoclar Vivadent). The zirconium bridge was not removed as it was new, in good condition and the occlusion and stability could be added directly onto it by building it up. The patient’s vertical dimension was permanently raised with the prosthetics throughout, to compensate for the collapsed occlusion. This altered the facial structure and smile by enhancing how the teeth, lips, gums and face work together as a whole. Also, the patient benefited from a healthier oral cavity. Two years later, there was bone regeneration in the lower anteriors (a benefit of LANAP), the pockets disappeared and the patient was enjoying occlusal health with esthetic accompaniment.

Dr. Martha Cortes is a graduate from the University of New York at Buffalo School of Dental Medicine. She is the current president of the American Academy of Cosmetic Dentistry New York Chapter, as well as a past president (1994–1996) and past international chair serving consecutive terms, and an accredited member since 1992. An international lecturer and published author, Dr. Cortes has served two consecutive years as co-chair of dentistry with the American Society for Laser Medicine and Surgery and is a recognized member of the American Society of Dental Aesthetics, as well as a diplomat of the American Board of Aesthetic Dentistry and the International Dental Facial Esthetic Society and an LVI fellow. Dr. Cortes is a qualified laser educator and former examiner for laser qualifications for the Academy of Laser Dentistry, and has a mastership in laser technology through the Academy of Laser Dentistry. You may e-mail Dr. Cortes at lazersmile@aol.com.
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It is a testament to the power of tobacco addiction that 20.8 percent of U.S. adults (about 45 million) are current smokers. Smoking rates in the United States have decreased since the 1964 Surgeon General’s Report linked lung cancer and cigarette use. At that time, an estimated 42 percent of the American population smoke. However, the current prevalence has not significantly decreased since 2004, demonstrating a stall in the previous seven-year decline.

Unfortunately, the incidence is highest in the most vulnerable populations. Those living below the poverty line are 40 percent more likely to smoke than those living above the poverty line. The most powerless populations — the young, indigent, depressed, uninsured, less educated, blue-collar and minorities — have the highest percentages of smokers in the United States.

Tragically, tobacco use must be considered a pediatric disease with more than 2,000 children and adolescents becoming regular users of tobacco each day in the United States alone. Half of all smokers start prior to the age of 14 and 90 percent begin by age 19. Only 10 percent of smokers initiate the habit as adults.

About 50 percent of patients in any given practice are current smokers. Although 70 percent of smokers say they are “interested” in quitting, only 10 to 20 percent plan to quit in the next month. About 45 percent of smokers will try to quit in a given year. The majority of smokers try to quit on their own. For most, relapse occurs quickly. Only half succeed for two days and only a third last one week. Relapse often occurs in the first few months.

Overall, “self-quitters” have a success rate of U.S. adults (about 45 million) are current smokers.

Bleeding gums linked to heart disease

Bad teeth, bleeding gums and poor dental hygiene can end up causing heart disease, scientists were told at the Society for General Microbiology’s Autumn meeting held in September at Trinity College in Dublin, Ireland.

People with poor dental hygiene and those who don’t brush their teeth regularly end up with bleeding gums, which provide an entry to the bloodstream for up to 700 different types of bacteria found in our mouths. This increases the risk of having a heart attack, according to microbiologists from the University of Bristol and the Royal College of Surgeons in Ireland.

“The mouth is probably the dirtiest place in the human body,” said Dr. Steve Kerrigan from the Royal College of Surgeons in Dublin, Ireland. “If you have an open blood vessel from bleeding gums, bacteria will gain entry to your bloodstream. When bacteria get into the bloodstream they encounter tiny fragments called platelets that clot blood when you get a cut. By sticking to the platelets bacteria cause them to clot inside the blood vessel, partially blocking it. This prevents the blood flow back to the heart and we run the risk of suffering a heart attack.”

The only treatment for this type of disease is aggressive antibiotic therapy, but with the increasing problem of multiple drug resistant bacteria, this option is becoming short lived.

“Cardiovascular disease is currently the biggest killer in the western world. Oral bacteria such as Streptococcus gordonii and Streptococcus sanguinis are common infecting agents, and we now recognize that bacterial infections are an independent risk factor for heart diseases,” said Professor Howard Jenkinson from the University of Bristol. “In other words it doesn’t matter how fit, slim or healthy you are, you’re adding to your chances of getting heart disease by having bad teeth.”

Researchers at Bristol have been investigating the ways in which the bacteria interact with platelets in order to develop new and improved therapies.

“Most of the studies that have looked at how bacteria interact with platelets were carried out under conditions that do not resemble those in the human circulatory system. We mimicked the pressure inside the blood vessels and in the heart,” Professor Jenkinson said. “Using this technique we demonstrated that bacteria use different mechanisms to cause platelets to clump together, allowing them to completely encase the bacteria. This shields the bacteria from the cells of our immune systems, which would normally kill bacteria, and most importantly also protects them from antibiotics.”

These findings suggest why antibiotics do not always work in the treatment of infectious heart disease and also highlight the need to develop new drugs to treat this disease. “We are currently in the process of identifying the exact site at which the bacteria stick to the platelets,” Professor Jenkinson said. “Once this is identified, we will design a new drug to prevent this interaction.”

“We also identified several proteins on the bacteria that lead to platelet clumping,” Dr. Kerrigan said. “Genetic deletion of these proteins from the bacteria prevented the platelets from clumping, which shows that these proteins play an essential role and may be candidate proteins for new drug development or producing vaccines.”

(Source: Society for General Microbiology)
Dear Readers,

Welcome to Hygiene Tribune! As Dr. Lindow wrote in a previous issue of Dental Tribune, we need to recognize that the hygiene team’s contribution is the true backbone of any thriving dental practice.

During the years I have spent in the dental profession, I have been exposed to a world of endless possibilities. Yet, another opportunity exposed to a world of endless possibilities that lie in front of them.

Dental Tribune America has recognized this need and is addressing it by incorporating Hygiene Tribune into their Dental Tribune publications. By combining these publications, the entire dental team will benefit from two publications that are distributed simultaneously for the first time. The hope is that the sharing of this newspaper will open the lines of communication between dentistry and dental hygiene.

As editor in chief, I will strive to see that you receive pertinent and clickable information from the pages of Hygiene Tribune. I welcome your feedback and will make every effort to address your concerns. It is my hope that operating on this pretense will allow all of Hygiene Tribune and Dental Tribune readers to realize the endless possibilities that lie in front of them.

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

Dental Tribune Syposium at the Greater New York Dental Meeting

Brought to you by

November 30 to December 3, 2008

The Dental Tribune Symposium at the Greater New York Dental Meeting offers an engaging schedule of continuing education lectures in various dental disciplines. Each scientific lecture will provide an invaluable opportunity to learn about a new field and how to integrate a variety of treatment options into your practice.

We have developed a course schedule that is both diverse and engaging, and which also offers you the opportunity to earn C.E. credits. The symposium sessions are free for registered Greater N.Y. Dental Meeting attendees, but pre-registration is recommended.

Schedule

**November 30**

Sun., Nov. 30

**December 1**

Mon., Dec. 1

**December 2**

Tues., Dec. 2

10 a.m.–1 p.m.

CEREC CAD/CAM: The Power of Technology in Clinical Restorative Dentistry
by Dr. Eugene Antenucci and brought to you by CEREC – Sirona

10 a.m.–1 p.m.

Using 3-D X-ray Imaging and Planning to Increase Patient Treatment Acceptance by Dr. Neal Patel and brought to you by Gallinea – Sirona

10 a.m.–1 p.m.

Details to follow shortly

Endodontic Irrigation via EndoVac: Safety, Efficacy and Clinical Techniques by Dr. John Schoeffel and brought to you by Discus Dental - Smart Endodontics

11:30 a.m.–12:30 p.m.

CAD/CAM Technology: Details to follow shortly by D4D Technologies

11:30 a.m.–12:30 p.m.

Details to follow shortly

1:30–2:30 p.m.

Endodontic Irrigation via EndoVac: Safety, Efficacy and Clinical Techniques by Dr. John Schoeffel and brought to you by Discus Dental - Smart Endodontics

1:30–2:30 p.m.

Tissue Care in the Maxillary Anterior: Antikylos – A New Paradigm by Dr. David DiChiara and brought to you by Tulsa Dental Specialties

1:30–2:30 p.m.

Enhancing Your Dentalistry: Get out of Dentistry Alive! by Randy Donahoo and brought to you by MagnaVu

2–4 p.m.

High resolution Cone Beam with PreXion 3-D by Dr. Daniel Rees and brought to you by PreXion

2–4 p.m.

Minimally Invasive Dentistry in Rapid Fire Fashion by Dr. James Jesse and Dr. Ron Kamin and brought to you by Ultradent Products, Inc.

2–4 p.m.

Bone Preservation: One of the Keys to Esthetic Success in Immediate Implant Therapy by Dr. Barry Levin and brought to you by A. Titan Instruments

Program details for Wed., Dec. 3 to follow shortly.

Attendee Registration

For registered Greater N.Y. Dental Meeting attendees, but pre-registration is recommended.

For additional information and registration, please contact:
Julia Wehkamp
E-mail: j.wehkamp@dtamerica.com

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to read about in Hygiene Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!
cess rate of 4 to 6 percent. Most smokers make three to eight quit attempts before finally succeeding. The good news is that half of all smokers eventually quit. There are now as many former smokers as current smokers in the United States.

How the hygienist can help

An important implication of the above statistics is that dental hygienists need to understand the importance of helping the tobacco user through not just one quit attempt, but rather through several attempts! Another implication is that dental hygienists need to prompt and re-prompt tobacco users to make efforts to quit. Offering consistent treatment intervention will not only help smokers who want to quit, but can also motivate ambivalent smokers to at least try to stop.

The Clinical Practice Guideline for Treating Tobacco Use and Dependence was published by the United States Department of Health and Human Services is considered the benchmark for cessation techniques and treatment delivery strategies. The updated 2008 guideline reflects the scientific cessation literature published from 1975 to 2007. As the first 1996 publication recommended, the “5 A’s” — Ask, Advise, Assess, Assist, Arrange — are still considered key components of comprehensive tobacco cessation counseling.

The American Dental Hygienists’ Association (ADHA) has developed a condensed “user friendly” model for the dental hygienist who does not have the time, inclination or expertise to provide the more comprehensive tobacco cessation counseling as recommended by the guideline. “Ask, Advise, Refer.” (AAR) is the ADHA’s national Smoking Cessation Initiative (SCI) designed to promote cessation intervention by dental hygienists. The “Ask, Advise, Refer” approach integrates the “5 A’s” into an abbreviated intervention that remains consistent with recommended guidelines.

As part of the “Ask, Advise, Refer” campaign, dental hygienists refer their patients who use tobacco to Quilines as well as to Web-based and local cessation programs. Dental hygienists can utilize a variety of resources to help their patients quit smoking. The “Ask, Advise, Refer” program is designed as a program that dental hygienists can easily integrate into their tobacco cessation efforts. See www.askadviserfer.org.

By referring their patients to a Quilines, dental hygienists are incorporating all 5 A’s (Ask, Advise, Assess, Assist, Arrange) of the Smoking Cessation Clinical Practice Guidelines. Quilines have proven to be one of the more effective methods of promoting smoking cessation. The United States Department of Health and Human Services has recognized the overwhelming success of Quilines and is dedicated to providing every citizen in every state with this important tool.

Quilines service are easy to access and free to users. Traditionally, tobacco users have had to overcome various barriers in accessing cessation services, including:

- Sporadic availability of programs, both geographically and over time.
- Transportation difficulties.
- Childcare responsibilities.
- Financial cost of participating.

Quilines reduce these barriers by allowing tobacco users to access service from their own homes at a time that is convenient for them and at no cost. Quilines services have the potential to reach large numbers of tobacco users, including women, rural, ethnic, uninsured and racial/ethnic populations who may not otherwise have access to cessation programs. The main reason Quilines have proliferated is that there is strong evidence of their efficacy. Dental hygienists are natural partners for Quilines and can play a major role in increasing their utilization. Dental hygienists who ask all patients whether they use tobacco, advise quitting and refer for comprehensive cessation counseling can have a profound and lasting impact on patient health.

**About the author**

Carol Southard, RN, MSN, an American Lung Association certified instructor with more than 20 years experience and proven success, is a pioneer in the field of smoking cessation. Southard is a Tobacco Cessation Consultant for Chicago area hospitals and has published articles, and presented numerous workshops and seminars for health professionals as well as for community groups. She is the founder and Director of the Southard Tobacco Prevention and Cessation Program at the University of Chicago and the 1st Chicago Second Wind: A Chicagoland Smoking Cessation Initiative. Southard joined the staff of the University of Chicago Medical Center as a Study Therapist for the Clinical Addictions Research Laboratory. In addition, Southard was instrumental in launching the Chicago Second Wind: A Chicagoland Smoking Cessation Initiative.

Carol Southard, RN, MSN, Tobacco Treatment Specialist Northwestern Memorial Physicians Group Wellness Institute 150 East Huron, Ste. 1100 Chicago, Ill. 60611 Tel: (312) 926-2069 Fax: (312) 926-5444

**Strategies for implementing the ‘5 A’s’**

- **Ask**
  - Implement an office-wide system that ensures that for every patient at every clinic visit, tobacco use status is queried and documented.
  - Use an identification system that indicates tobacco use status (current, former, never) and level of use (number of cigarettes smoked/day and amount per day) on the patient chart.
  - Use an open-ended question: “When is the last time you tried a tobacco product?”
  - Not asking about tobacco use implies that quitting is not important!
  - Incorporate consistent, clear, strong and personalized advice dialogue when asking every tobacco user to quit:
    - Clear: It is important for you to quit smoking or using chewing tobacco now, and I can help you.
    - Strong: As your clinician, I know that quitting may be the hardest thing you ever do, but it is definitely the most important thing you will ever do for your health.
    - Personalized: Continuing to smoke may worsen these oral findings.
  - Express concern for the patient’s health and a commitment to aid with quitting.

- **Advise**
  - Encourage the patient to set a quit date, preferably within one to two weeks of the clinic appointment.
  - Discuss challenges such as withdrawal symptoms, triggers, vulnerable situations, etc.
  - Discuss the patient that ambivalence, fear, reluctance, etc. are normal, but should not deter the quit attempt.
  - Supply information on cessation programs, Web sites, Quilines, medications, etc.
  - Provide appropriate cessation referrals for treatment such as the Quilines, Web site resources or local programs.
  - Review the options and help the patient determine what would work best for him/her.

- **Assess**
  - Follow-up contact should begin soon after the quit date (preferably within one to two weeks) with a focus on preventing relapse.
  - Schedule further follow-up contact as indicated.
  - Consider referral for more intensive treatment as indicated.
  - If tobacco use has occurred following the established quit date, review circumstances and discuss how to avoid another slip in similar circumstances.

- **Arrange**
  - Determine the patient’s willingness to quit and knowledge of quit resources by asking open-ended questions using a non-judgmental approach:
    - How do you feel about quitting at this point in your life?
    - Are you aware that there are tools to make the process a bit easier?

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