



THE DENTAL ADVISORTM



Photography by John W. Farah, D.D.S., Ph.D., Ann Arbor, Michigan

THE DENTAL ADVISOR – 20 Years

THE DENTAL ADVISOR was introduced in 1984 as an evidenced-based newsletter reporting on product performance. It was published 4 times a year and was 8 pages in length. Presently, it is published 10 times per year with each issue containing 12-16 pages. The editors, clinical consultants and staff of THE DENTAL ADVISOR evaluate dental products by objective clinical and laboratory research protocols. The motto of THE DENTAL ADVISOR is “Improved Patient Care through Research.” Our mission states

our belief that dental professionals can provide improved patient care by using products and techniques that have been tested scientifically and evaluated clinically.

Dentistry will continue to need and use unbiased, up-to-date, evidence-based information on equipment, materials, techniques, and long-term performance. THE DENTAL ADVISOR looks forward to serving dentistry as it has over the past 20 years.

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“Improved Patient Care
through Research”

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■ In the Beginning

The concept of initiating THE DENTAL ADVISOR had its beginnings in 1977 when Dr. Farah, then a junior in dental school, attended the Chicago Midwinter Meeting. The plethora of dental products exhibited at the meeting left a lasting impression on him. Having received a Ph.D. in Dental Materials and Aerospace Engineering from the University of Michigan prior to entering dental school, Dr. Farah thought it would be useful for dentists to have a 'consumers report' type of publication that would help them in the selection of dental products and equipment.



**John W. Farah,
D.D.S., Ph.D.**

In 1983, Dr. Farah enlisted the support of Dr. Powers who had a Ph.D. in Dental Materials and Mechanical Engineering. At the time, both Dr. Farah and Dr. Powers were highly regarded researchers in the Department of Dental Materials at the University of Michigan. They possessed a passion to disseminate information on dental materials to the profession in an understandable and clinically relevant manner.

After much planning, Drs. Farah and Powers published the first issue of THE DENTAL ADVISOR in 1984 on Impression Materials.



**John M. Powers,
Ph.D.**

In addition to THE DENTAL ADVISOR and materials research, Dr. Farah was in the process of building a private practice in Ann Arbor, Michigan, with an emphasis on cosmetic dentistry. Dr. Powers at that time was teaching dental materials at the University of Michigan and was very active in materials research. In the early years, several individuals helped THE DENTAL ADVISOR grow into a leading dental publication; they were Drs. William Gregory, Kamal Asgar, Robert Craig, Ronald Jordan, Karl Leinfelder, Ralph Phillips, Jon Goldberg, and Peter Yaman. More recently, Drs. John Shamraj, Lori Brown, Santine Anderson, John McClaren, Charles McClaren, Ibrahim Jarjoura, Larissa Bishop and Richard Fisher have been regular contributors to THE DENTAL ADVISOR.

■ Format

The main objective of THE DENTAL ADVISOR is to present information in a clear, concise, easy-to-read format that will assist dentists in the proper selection of materials and dental products.

Feature Articles

Each issue of THE DENTAL ADVISOR presents a feature article that provides the dentist with background information on the topic. Pertinent properties are tested in a laboratory setting. In addition to the laboratory testing, 20-30 clinicians evaluate the materials in their practices and then provide THE DENTAL ADVISOR with clinical feedback through a survey developed by THE DENTAL ADVISOR. The laboratory data and clinical feedback are compiled in tables, ultimately resulting in a rating for each product.

THE DENTAL ADVISOR was the first newsletter to develop and publish product ratings that assisted dentists in the proper selection of products and equipment.

Long-term Clinical Studies

THE DENTAL ADVISOR remains the leader in reporting on long-term clinical performance of ceramic and direct and indirect composite restorations.

Clinical performance articles specifically address the handling of materials placed intraorally and monitored over a number of years. When a new ceramic or composite is introduced and has undergone laboratory tests, it is placed intraorally. Evaluation at placement is documented as are subsequent evaluations at yearly recall. In the case of a composite, fracture resistance, esthetics, wear, and patient satisfaction are some of the variables noted. THE DENTAL ADVISOR will soon be reporting on a 10-year recall of **3M ESPE Z100 Restorative** composite material.



3M ESPE Z100 Restorative

In addition to composites, THE DENTAL ADVISOR has monitored several ceramics such as **IPS Empress**,

Optec HSP, OPC, Cerpress SL, over a 5- to 20-year period (THE DENTAL ADVISOR, Vol. 19, No. 8, 20 Years of All-ceramic Restorations: 1982-2002). Several laboratory composites such as **belleGlass HP, Artglass, Sculpture, Sinfony** have also been monitored.

Criteria Used for Long-term Monitoring

Placement

Direct Restorations

- ▶ Handling
- ▶ Proximal contacts
- ▶ Ease of finishing/polishing
- ▶ Shade match/esthetics
- ▶ Overall rating

Indirect Restorations

- ▶ Overall laboratory product
- ▶ Shade match to shade requested
- ▶ Fit of restoration
- ▶ Margin integrity
- ▶ Ease of adjustment/polish
- ▶ Overall rating

Recall

Direct Restorations

- ▶ Fracture/chipping resistance
- ▶ Shade match/esthetics
- ▶ Microleakage at margins
- ▶ Wear resistance
- ▶ Patient satisfaction
- ▶ Overall rating

Indirect Restorations

- ▶ Fracture/chipping resistance
- ▶ Shade match to shade requested
- ▶ Microleakage at margins
- ▶ Wear resistance
- ▶ Patient satisfaction
- ▶ Overall rating

Question/Answer Feature

Questions of interest are frequently answered in THE DENTAL ADVISOR. They are questions posed by subscribers or attendees of Dr. Farah's lectures.

Roundtable Discussion

The editorial board meets regularly each Wednesday morning to discuss current topics, and the comments of members are recorded and later published in THE DENTAL ADVISOR.

Individual Product Feature

Each issue of THE DENTAL ADVISOR contains several new products that are evaluated by clinical consultants over a period of 2-6 months. Clinical consultants respond to a survey prepared by THE DENTAL ADVISOR and provide input that is summarized and presented in THE DENTAL ADVISOR along with a rating of the product. The rating follows a 5-point system where 5 is excellent and 1 is poor.

FIRST NEWSLETTER TO PRESENT LABORATORY AND CLINICAL RATINGS

Clinical Evaluation Process

The in-house clinic for THE DENTAL ADVISOR has 8 operatories, 3 dentists, 8 dental assistants, and 4 dental hygienists. Every dentist is an editor of THE DENTAL ADVISOR and every assistant participates in weekly product discussions. Our team consists of highly skilled support staff that has knowledge of dental products.

The clinic staff plays a central role in monitoring products and documenting their handling and performance. Products are routinely monitored at placement as well as over time.

■ Product Ratings

Property Ratings

Laboratory evaluations are conducted by dental scientists under the supervision of Dr. Powers at respected universities following rigorous scientific protocols (e.g., ISO specifications). In-vitro properties provide a unique perspective on product performance. If a product rates well in the clinic but has a low laboratory rating, the product may not be durable intraorally. If the product has a high laboratory rating but doesn't rate well clinically, then that product needs improvement in its handling characteristics.

Mission

Our mission is to conduct objective, clinical evaluations, comprehensive long-term clinical evaluations and laboratory testing of dental products and equipment in cooperation with our clinical consultants and to share our findings with the dental profession through THE DENTAL ADVISOR and lectures throughout the world.

Clinical Ratings

Products are rated using a 1-5 scale (1=poor and 5=excellent). Dental products and equipment are evaluated clinically by our clinical consultants (more than 250 practicing dentists), 25 senior clinical consultants and their staff, plus a select group of dental laboratories. Clinical consultants are selected by referral. Senior clinical consultants are chosen based on their expertise, level of involvement at the annual symposium and interest in specific projects.

The editors typically select a group of 20-30 consultants to participate in each product evaluation. Each consultant receives the product along with a product-specific survey developed by our editors and is asked to use the product in at least 20 applications. The rating of each product reflects the feedback provided by the consultants.

Ratings	
Excellent	+++++
Very Good	++++
Good	+++

THE DENTAL ADVISOR is written by our editors, clinical consultants and staff with assistance from members of our Editorial and Advisory Boards.

■ Summary

THE DENTAL ADVISOR combines laboratory testing with clinical feedback to rate products to educate and assist dentists in product selection. Monitoring product performance over time serves to complement the laboratory and clinical findings. At times, the long-term performance of a product may not be in harmony with its short-term performance. So, monitoring products over time is crucial to confirm the outcome.

Objectives

- ▶ To investigate relevant properties of dental products and equipment through laboratory and clinical studies.
- ▶ To report findings in our publications (THE DENTAL ADVISOR, technical reports) and lectures to our customers (subscribers, dental manufacturers, dental professionals).
- ▶ To provide services such as development and review of product instructions, technical brochures and package design for dental manufacturers.
- ▶ To interact objectively with dental manufacturers, our clinical consultants and our editors.

THE DENTAL ADVISOR does not accept advertising. Funding to support product testing and publication of the newsletter comes from subscriptions, fees from product evaluations, reprint orders by manufacturers, fees for printing product photographs in our newsletter, and lectures given by the editors.

20th Anniversary Symposium

In celebration of our 20th year, we are holding a symposium on Friday, November 7, 2003, in Ann Arbor, Michigan, to include the following guest speakers: John Farah, John Powers, Karl Leinfelder, John Molinari, John Burgess, and Fred Rueggeberg, with special presentations by Kamal Asgar and Robert Craig. Please join us for a special day. For more details, see www.dentaladvisor.com.



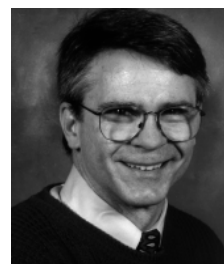
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D.D.S.**



**John Molinari,
Ph.D.**



**John Burgess,
D.D.S.**



**Fred Rueggeberg,
D.D.S.**

Category	Product	Company
AIR ABRASION	PREPSTART	DANVILLE ENGINEERING
ANESTHETIC DELIVERY	COMPUDENT	MILESTONE SCIENTIFIC
BITE REGISTRATION MATERIALS	EXABITE II NDS	GC AMERICA
	PRESIDENT JET BITE HARD	COLTENE/WHALEDENT
	REGISIL RIGID	DENTSPLY/CAULK
BLEACHING	REMBRANDT LIGHTNING PLUS CHAIRSIDE BLEACHING GEL	DEN-MAT
	VIVASTYLE	IVOCCLAR VIVADENT
	WHITE & BRITE	OMNII
	ZARIS	3M ESPE
BONDING AGENTS		
Multiple-bottle System	SCOTCHBOND MULTI-PURPOSE PLUS ADHESIVE SYSTEM	3M ESPE
Single-bottle System	ADPER SINGLE BOND	3M ESPE
	BOND-1	PENTRON
	ONE-STEP	BISCO
	PRIME & BOND NT	DENTSPLY/CAULK
Self-etch Systems	CLEARFIL SE BOND	KURARAY AMERICA
	ONE-UP BOND F	TOKUYAMA/J. MORITA USA
CEMENTS – CROWN & BRIDGE		
Adhesive Resin	CEMENT-IT UNIVERSAL C&B	PENTRON
	PANAVIA F LIGHT	KURARAY AMERICA
Carboxylate	DURELON MAXICAP	3M ESPE
Esthetic Resin	RELYX VENEER	3M ESPE
	LUTE-IT!	PENTRON
	VARIOLINK II	IVOCCLAR VIVADENT
Hybrid Ionomer	FUJI PLUS CAPSULE	GC AMERICA
	RELYX LUTING	3M ESPE
CERAMICS	CERPRESS SL	LEACH/DILLON
	IPS EMPRESS SYSTEM	IVOCCLAR VIVADENT
	OPC LOW WEAR	PENTRON
COMPOSITES		
Packable	FILTEK P60	3M ESPE
	SUREFIL	DENTSPLY/CAULK
	VIRTUOSO PACKABLE	DEN-MAT
Flowable	ULTRASEAL XT PLUS	ULTRADENT
	TETRIC FLOW	IVOCCLAR VIVADENT
Hybrid	FILTEK Z250	3M ESPE
	TETRIC CERAM	IVOCCLAR VIVADENT
CORE MATERIALS	CORE PASTE SYRINGEABLE	DEN-MAT
	LUXACORE	ZENITH/DMG
CROWN & BRIDGE REMOVER	CORONAFLEX	KAVO AMERICA
ENDO – APEX LOCATOR	TRI AUTO ZX	J. MORITA USA

 = Editors' Choice



Adper Single Bond (3M ESPE)



Panavia F Light (Kuraray America)



Fuji Plus Capsule (GC America)



LuxaCore Automix Dual
(Zenith/DMG)



Tetric Flow (Ivoclar Vivadent)



Virtuoso Packable (Den-Mat)



Tri Auto ZX (J. Morita USA)

Category	Product	Company
FINISHING & POLISHING	COMPOSITE FINISHING KIT	BISCO
	DIALITE	BRASSELER
	PDQ	AXIS DENTAL
	POLITIP-F AND POLITIP-P	IVOCAR VIVADENT
	SUPER-SNAP SINGLES	SHOFU
FINISHING STRIPS	CERISAW	DEN-MAT
	NTI SERRATED DIAMOND FINISHING STRIPS	AXIS DENTAL
HANDPIECES		
High-speed	635B, 647B, 649B	KAVO AMERICA
	SYNEA TA-96LW	A-DEC/W&H
Slow-speed	2307 LN, INTRAMATIC LUX3 LH	KAVO AMERICA
	SYNEA SLOW-SPEED	A-DEC/W&H
HANDPIECE MAINTENANCE SYSTEMS	ASSISTINA 301 PLUS	A-DEC/W&H
	QUATTROCORE	KAVO AMERICA
HEMOSTATIC AGENTS	ASTRINGENT-FERRIC SULFATE	ULTRADENT
	CUT-TROL	ICHTHYS ENTERPRISES
IMPLANT SCALERS FOR ALL-CERAMICS	IMPLANT PROPHY+	AIT DENTAL
IMPRESSION MATERIALS		
Addition Silicones	FLEXITIME	HERAEUS KULZER
	HONIGUM	ZENITH/DMG
	VIRTUAL	IVOCAR VIVADENT
Polyether/Auto dispenser	IMPREGUM/PENTAMIX 2	3M ESPE
INTRAORAL CAMERAS	ACUCAM CONCEPT IV	DENTSPLY/GENDEX
LABORATORY COMPOSITES	SINFONY	3M ESPE
	SCULPTURE	PENTRON
LABORATORY HANDPIECES	SYNCRO/TORQUE II	HANDLER
	VIRTUOSO	HERAEUS KULZER
LIGHT-CURING UNITS	ASTRALIS 10	IVOCAR VIVADENT
	REMBRANDT SAPPHIRE	DEN-MAT
POSTS – METAL	PARAPOST XT, XH	COLTENE/WHALEDENT
POSTS – ESTHETIC	PARAPOST FIBER WHITE	COLTENE/WHALEDENT
	D.T. LIGHT-POST	BISCO
PROVISIONAL MATERIALS	INTEGRITY	DENTSPLY/CAULK
	PROTEMP 3 GARANT	3M ESPE
	LUXATEMP	ZENITH/DMG
STERILIZATION MONITORING	PASSPORTPLUS	SPS MEDICAL SUPPLY
STERILIZERS	STATIM, STATIM 900	SCICAN
	M11 ULTRACLAVE	MIDMARK
X-RAY PROCESSOR	GXP	DENTSPLY/GENDEX

= Editors' Choice



CeriSaw (Den-Mat)



Honigum and MixStar (Zenith/DMG)



Virtual (Ivoclar Vivadent)



Luxatemp Automix Plus
(Zenith/DMG)



Protemp 3 Garant (3M ESPE)



Astralis 10 (Ivoclar Vivadent)



Sinfony (3M ESPE)



Prime & Bond NT
(DENTSPLY/Caulk)



**NTI Serrated Diamond
Finishing Strips** (AXIS Dental)



RelyX Veneer
(3M ESPE)



Variolink II (Ivoclar Vivadent)



IPS Empress System (Ivoclar Vivadent)



EXABITE II NDS (GC America)



635B, 647B, 649B (KaVo America)



Tetric Ceram (Ivoclar Vivadent)



Bond-1 (Pentron)



**Rembrandt Lightning Plus Chair-
side Bleaching Gel** (Den-Mat)



One-Up Bond F
(Tokuyama/J. Morita USA)



Politip-F and Politip-P
(Ivoclar Vivadent)



Cement-It Universal C&B (Pentron)



QUATTROcare (KaVo America)



LUTE-IT! (Pentron)



Clearfil SE Bond (Kuraray America)



VivaStyle (Ivoclar Vivadent)



Core Paste Syringeable (Den-Mat)

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Ratings

Excellent +++++
Very Good ++++
Good +++

■ **Conseal f**

++++ 1/2

Southern Dental Industries Ltd.
800.228.5166 630.238.8300
www.sdi.com.au

Description

Conseal f is a light-cured, fluoride-releasing pit and fissure sealant. The introductory kit is packaged with 3, 1-g sealant syringes, 1-ml syringe of Super Etch low viscosity and 20 disposable tips. Also evaluated were the 0.08-ml unit-dose (complet) cartridges to be used with a standard composite gun. The sealant material and blue gel etchant feature low viscosity to allow for deep penetration into pits and fissures. The syringe tips and the single-dose complet tips have a narrow 0.41-mm diameter



opening for increased control over placement of etchant and sealant. The material is opaque white and requires light curing for 20 seconds. **Conseal f** was evaluated by 24 consultants in 414 sealant applications.

Suggested Retail Cost:

\$40.00/introductory syringe kit
\$31.50/pkg. of 20 complet refills

Product Features

Consultants appreciated the low viscosity of the sealant along with the narrow tip, which allowed for accurate placement. Both the syringe and unit-dose systems for **Conseal f** were found to be clean and effective. A few consultants found the etchant to be runny and the dispenser tip too small. Eighty-two percent of consultants found **Conseal f** to be the same as or better than their current sealant. Seventy-four percent of consultants would purchase **Conseal f**, and 90% would recommend it.

Consultants' Comments

- ▶ "Nice needle tip for delivery."
- ▶ "Flows easily into pits and fissures."
- ▶ "Both etchant and sealant have a low viscosity."
- ▶ "Instruction sheet is foolproof."

■ **Upgrade Disposable
Prophy Angle**

++++

Sultan Dental Products
800.238.6739 201.894.5500
www.sultandental.com

Description

Upgrade Disposable Prophy Angle incorporates a non-latex cup available in either soft gray or firm white; both types were evaluated. **Upgrade Disposable Prophy Angle** has a non-slip grip for increased tactile sense. The angle is compact in size, and the flared cup is designed to prevent splatter and allow easy

access into subgingival areas. Twenty-five consultants, including dentists and hygienists, evaluated **Upgrade Disposable Prophy Angles** in over 400 prophylaxis procedures.

Suggested Retail Cost: \$ 74.00/200 angles
\$337.95/1000 angles

Product Features

Four out of five consultants who evaluated **Upgrade Disposable Prophy Angles** were already using a disposable prophy angle. More than half found it to be the same as or better than their current prophylaxis device. The flexibility and adaptation of the soft gray cup rated excellent, while those features of the firm white cup rated good. The polishing cups' flared edges allow good access into tight areas

See **Upgrade Disposable Prophy Angle** page 9.

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■ Blossom White Synthetic Vinyl Gloves

+++ 1/2

Mexpo International, Inc.
800.838.8299 510.293.6800
www.blossom-disposables.com

Description

Blossom White Synthetic Vinyl Gloves are powder-free, non-sterile, ambidextrous gloves. They are available in sizes XS, S, M, L, and XL. **Blossom White Synthetic Vinyl Gloves** are an alternative to traditional latex gloves. They have a smooth surface and a tear-resistant beaded cuff. Twelve consultants evaluated **Blossom White Synthetic Vinyl Gloves** over a 2-month period.

Suggested Retail Cost: \$5.25/100 gloves

Product Features

Blossom White Synthetic Vinyl Gloves were highly rated by consultants for their packaging, ease of dispensing, resistance to tear, fit of chosen size, lack of discoloration, tactile sense, non-stickiness, comfort, and lack of skin irritation. The gloves were rated better than other vinyl gloves for flexibility, comfort and thickness. **Blossom White Synthetic Vinyl**

Gloves were noted by several consultants to have a slippery grip on smooth surfaces and also to be somewhat difficult to place on their hands. Eighty-eight percent of consultants rated **Blossom White Synthetic Vinyl Gloves** to be as good as or better than their current non-latex gloves. Seventy-five percent of consultants would both purchase and recommend **Blossom White Synthetic Vinyl Gloves**.



Consultants' Comments

- ▶ "Best vinyl gloves I have ever used!"
- ▶ "I loved that the gloves weren't stiff and that my hands didn't cramp while using them."
- ▶ "Texturize the grip."

(continued from page 8)

Upgrade Disposable Propphy Angle

++++



and interproximal surfaces. Many consultants appreciated the small size and durability of the cup. A few noted that there was more splatter using the firm, white cup. Hygienists overwhelmingly praised the lack of noise when using this propphy angle. Sixty-four percent of consultants would purchase and recommend **Upgrade Disposable Propphy Angles**.

Consultants' Comments

- ▶ "Excellent propphy angle!"
- ▶ "The firm cup adapts well to interproximal areas."
- ▶ "No chatter compared to other brands I've used."

CLINICAL CONSULTANTS

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S. Picazio, NJ
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D. Pietz, NC
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M. Pitzen, WA
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J. Shea, MO
T. Slade, MI
R. Smith, NY
S. Smith, FL

■ EXAMIX NDS

+++ + 1/2

GC America, Inc.
800.323.7063 708.597.0900
www.gcamerica.com

Description

EXAMIX NDS is a hydrophilic, addition silicone impression material for all impression needs, including crown and bridge and removable prosthetic cases. **EXAMIX NDS** features a **New Delivery System** with automix cartridges that have isolated base and catalyst barrels to reduce crossover contamination and tip clogging. Viscosities available in cartridges include injection (pink), regular (blue), monophasic (purple), and heavy-body (yellow). Two 48-ml cartridges of material plus mixing tips are included in each package. Intraoral tips are available in packages of 100, and an adhesive is also available. A standard dispensing gun can be used for all viscosities. **EXAFLEX** putty (green when mixed) is available in a 2-jar, hand-mixed form. **EXAMIX NDS** is designed with a working time of 2-3 minutes and a setting time of 4-5 minutes from the start of mixing. Impressions can be disinfected in glutaraldehyde or with a hard surface disinfectant spray. The material contains a platinum catalyst to allow for immediate pour-ups without bubbles. Twenty-three consultants evaluated **EXAMIX NDS** in over 350 cases.

Suggested Retail Cost: \$23.00/2-cartridge pkg.
(all viscosities)
\$73.20/**EXAFLEX** putty



Product Features

EXAMIX NDS was highly rated for its ease of use, and consultants unanimously approved of the new dispensing system and rated the mixing tips favorably. Working time is sufficient for multiple-unit impressions; however, some consultants like a faster setting material for single-unit cases. **EXAFLEX NDS** is recommended for these cases as it has a working time of 45 seconds and a setting time of 2:15 minutes. It was previously evaluated in THE DENTAL ADVISOR and also received a 4-1/2 + rating.



The majority of consultants found the color contrast between viscosities of **EXAMIX NDS** to be good, allowing for visibility of preparation margins. Some consultants noted that the putty did not adhere to light- or regular-body material readily in putty/wash impressions. The quality of the final impressions was found to be very good, and the fit of fabricated restorations was excellent. Eighty-three percent of consultants found **EXAMIX NDS** to be the same as or better than their current impression material; 85% would purchase and recommend **EXAMIX NDS**.

Consultants' Comments

- ▶ "Easy to use and accurate."
- ▶ "Good flow from mixing tips."
- ▶ "Crowns fit well."

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at the Chicago Midwinter Meeting, February 28 – March 2, 2003

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H. Tetalman, OH
F. Tom, MA
R. Tonelli, WI
R.W. Toothaker, NE
C. Trubschenck, CA
P. Tu, CA
A. Tucklaper, MI
S. Ura, NH
J. Utess, MI
R. Utterback, MI
H. Vann, MS
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W. Walcott, MI
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M. Warshanna, MD
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Noble Craft
Prosthetics, Inc., NY
Oral Arts Dental Labo-
ratory, GA
Ramsey Dental Ceram-
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tory, OH

■ **Super Seal**

++++

Phoenix Dental, Inc.
877.463.9905 810.750.2328
www.PhoenixDental.com

Description

Super Seal is a low-viscosity, transparent solution used for desensitizing and sealing dentinal tubules. It is water-based and will not harm soft tissue. **Super Seal** contains oxalic acid and a potassium salt and works by demineralizing the organic and mineral debris of the smear layer and peritubular dentin, forming a calcium oxalate precipitate. It may be applied with a brush applicator or cotton pellet for general root sensitivity or after tooth preparation, before placing a restoration. Application time is at least 30 seconds, followed by air-drying. **Super Seal** is available in 4- and 8-ml squeeze bottles. Twenty-two consultants evaluated **Super Seal** in over 430 cases.

Suggested Retail Cost: \$49.95/4-ml bottle
\$80.00/8-ml bottle

Product Features

Super Seal is efficiently packaged, and instructions for use are easy to follow. The clear liquid was unanimously found to be easy to place. Consultants reported **Super Seal** to be highly effective under restorations and crowns for preventing post-operative sensitivity. **Super Seal** also provided very good relief for exposed root sensitivity in most cases. Consultants especially appreciated the ease of application and the lack of harm to soft tissue. Sixty-five

percent of consultants indicated that they would purchase **Super Seal**, reporting it to be the same as or better than their current desensitizing agent. Seventy-five percent of consultants would recommend **Super Seal**.



Clinical Tips

- ▶ Apply cavity liner or etchant to the tooth before applying **Super Seal** during restorative procedures.
- ▶ It is important to allow adequate time for **Super Seal** to work. It will form a precipitate on the tooth surface, which may appear frosty-white in color.

Consultants' Comments

- ▶ "Simple to use and cost effective!"
- ▶ "I used it in all cases of exposed dentin with no reported post-operative sensitivity!"
- ▶ "I prefer single-dose packaging of desensitizing agents."

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John W. Farah, D.D.S., Ph.D., Editor

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■ Snowpost and Snowlight

++++ 1/2

CARBOTECH
33.467.734.031
www.snowpost.com
Danville Materials (US distributor)
www.danvillematerials.com

Description

Snowpost and Snowlight are fiber-reinforced composite posts. These white and radiopaque, esthetic posts are composed of silica-zirconia fibers embedded in a resin matrix (patented). Both types of posts are pre-silanated and may be used with bonding resin cements and composite core materials for all composite corono-radicular restorations. The **Snowlight** posts feature light-transmitting qualities, allowing cementation with dual-cured resin cements and



light-cured resins. The post surface is smooth with taper in the apical third. Posts are supplied in 1.0-, 1.2-, 1.4-, and 1.6-mm diameters with corresponding drills. The introductory kit evaluated contains 50 assorted posts plus 4 finishing drills and 4 sterilizable try-in posts. Seventeen consultants used **Snowpost and Snowlight** in 190 clinical cases.

Suggested Retail Cost: \$149.95/introductory kit

Product Features

Both **Snowpost and Snowlight** are neatly packaged with 1 finishing drill for each post diameter. The post space may be initiated with a Gates Glidden or Peeso reamer, then completed with the finishing drill. Ease of use, size selection, full seating of the post, and ease of length adjustment were rated as very good. The pre-silanation, radiopacity and the ability to cure through the **Snowlight** post were frequently cited as improvements in fiber-post technology. The posts fit easily into the canals and provide good retention for the composite core material. Sixty-five percent of consultants indicated that they would purchase **Snowpost and Snowlight**, and 76% would recommend them.

Consultants' Comments

- ▶ "Overall great system."
- ▶ "Nicely packaged and color-coded."
- ▶ "Posts are easily trimmed with diamond burs."
- ▶ Make posts more radiopaque.

■ Sof-Lex Finishing Brush

++++

3M ESPE
800.634.2249 651.733.1110
www.3MESPE.com

Description

Sof-Lex Finishing Brush is a finishing/polishing instrument for posterior composite restorations. It is a one-step, reusable brush for polishing concave and occlusal anatomical surfaces of posterior composite restorations. The brush is composed of a thermoplastic polyester elastomer, containing aluminum oxide abrasive particles. The bristles of the brush are designed to conform to irregular occlusal surfaces to produce an even and smooth, polished restoration. For best results, the manufacturer recommends handpiece speed less than 15,000 rpm. Brushes may be reused after ultrasonic cleaning and autoclave sterilization. **Sof-Lex Finishing Brush** is a new addition to the **Sof-Lex**

Finishing and Polishing System. The brushes are available alone or included in a kit containing 30 each of **Sof-Lex XT** 1/2-inch coarse, medium, fine, and superfine discs with mandrel and 12 **Sof-Lex Finishing Brushes** with friction-grip and latch mandrels. Twenty consultants evaluated **Sof-Lex Finishing Brush** in over 220 restorative cases.

See Sof-Lex Finishing Brush page 13.



■ SABRA PROPHY POWDER

++++ 1/2

Sabra Dental Products
800.888.4435 631.543.6575
www.sabradent.com

Description

SABRA PROPHY POWDER is used to clean and polish teeth when using air-polishing units for routine prophylaxis procedures. It is a mixture of sodium bicarbonate polishing particles plus silica for increased flow with sodium saccharin added for sweetness and spearmint flavoring. It is packaged in a 1-lb squeezable, plastic bottle with a screw-on cap. A nozzle-cap is supplied for easy dispensing. Fifteen consultants evaluated **SABRA PROPHY POWDER** in over 490 applications.

Suggested Retail Cost: \$ 39.00/3, 1-lb jars
\$ 69.00/6, 1-lb jars
\$129.00/12, 1-lb jars



Product Features

SABRA PROPHY POWDER is compatible with standard air-polishing units. No problems were encountered with dispensing the prophy powder directly from the squeeze bottle. This feature and the cost were mentioned most frequently by consultants as the most-liked characteristics of this product. Taste, odor and powder smoothness also received good ratings. Some hygienists noted that the small particle size of the powder made patient clean-up easier than their current product; they also found **SABRA PROPHY POWDER** to be “more gentle” than similar products. However, some heavy stain was not as thoroughly removed as with other powder mixtures. Ninety-four percent of consultants found that spatter was not a problem and indicated that they would recommend **SABRA PROPHY POWDER**; 80% would purchase it.

Clinical Tip

- Replace the screw-on cap each time to prevent clumping of the powder caused by humidity.

Consultants' Comments

- “This powder does everything that other prophy powders do and is cost-effective.”
- “Good patient acceptance – they liked the sweet taste.”
- “I’d like to have more flavors.”
- “Make a more abrasive grit for those really tough stains.”

(continued from page 12)

Sof-Lex Finishing Brush

++++

Suggested Retail Cost: \$89.30/introductory kit
\$51.20/refill kit with 24 brushes

Product Features

Sof-Lex Finishing Brushes were found to be easy to use on posterior restorations and to produce a smooth finish but not a high-gloss polish. The ability of the brushes to adapt to the anatomy on surfaces of composites and the simplicity of one-step polishing were the features most

appreciated by consultants. Close attention to rotation speed is necessary to prevent separation of the brush from the mandrel. Seventy percent of consultants would purchase and recommend **Sof-Lex Finishing Brushes**.

Consultants' Comments

- “I like the ability to polish grooves and anatomy.”
- “Use of diamond polishing paste with the brush makes it even better!”
- “After 3 or more sterilization cycles, the brushes begin to deteriorate.”

■ Sinfony

+++ + 1/2

3M ESPE
800.634.2249 651.733.1110
www.3MESPE.com

Description

Sinfony is an indirect composite for single-unit restorations. It is a light- and vacuum-cured laboratory composite indicated for anterior and posterior crowns, inlays/onlays and veneers. **Sinfony** is Bis-GMA/TEGDMA-free, incorporating a hydrophobic mixture of aliphatic and cycloaliphatic monomers plus fine-particle strontium glass and pyrogenic silica fillers. **Sinfony** was previously evaluated in THE DENTAL ADVISOR, Vol. 18, No. 1, January/February 2001, and Vol. 19, No. 1, January/February 2002.

Clinical Evaluation Protocol

- 90 **Sinfony** restorations were placed over the past 3 years.
- 50 restorations were recalled for evaluation.
- Restorations recalled included 42 posterior crowns and 8 inlays/onlays.
- Restorations were evaluated on a 1-5 rating scale: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent.
- Categories evaluated at recall are indicated below.

Clinical Observations

► Resistance to Fracture/Chipping

During the 3rd year of evaluation, no restoration failures were noted. During the first 2 years, 2 posterior crowns debonded: 1 fractured requiring replacement, and the other was recemented.

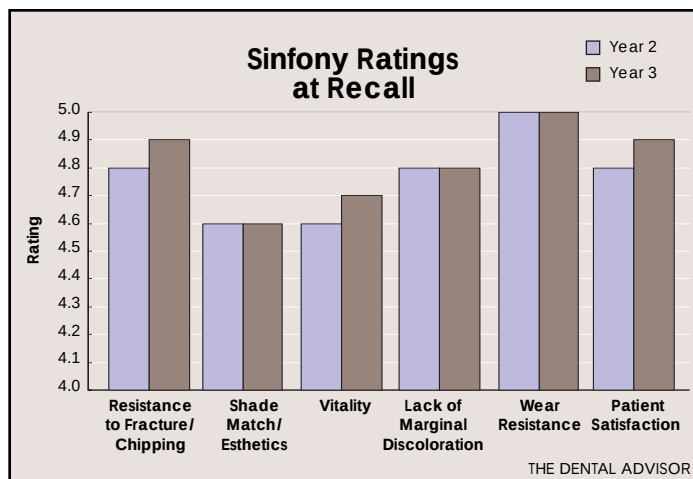


Before restoration.



After restoring with **Sinfony**.

Dr. Gerald Koven, Montclair, CA



► Shade Match/Esthetics and Vitality

At 3 years, the ratings for esthetics remain unchanged, with 66% of the **Sinfony** restorations rating excellent. Those restorations have maintained their gloss with no change in shade or extrinsic staining. The remaining restorations rated good to very good with some comments on the appearance being slightly too light or translucent.

► Lack of Marginal Discoloration

Only minimal marginal discoloration has been noted, with 84% of the recalled restorations rating excellent at 3 years. Slight staining was noted in the remaining restorations; none required replacement.

► Wear Resistance

The **Sinfony** restorations and the opposing dentition were evaluated visually for surface wear. Ninety-eight percent of the restorations showed no clinically apparent signs of wear. No opposing wear was noted.

► Patient Satisfaction

Excellent ratings were given to 96% of the restorations based on patients' verbal responses regarding comfort and esthetics.

Overall, little change has been noted with **Sinfony** restorations since the 2-year performance report. The material continues to perform well clinically at 3 years.

Consultants' Comments

- "One of the most reliable, indirect composites."
- "My laboratory technician finds that fabricating inlays with **Sinfony** is easier than with ceramic – and they look great!"
- "I love the way inlays/onlays look at 3 years."
- "Surface is less glossy than ceramic restorations."

■ Honeycomb Textured Aurelia Gloves

++++ 1/2

Supermax, Inc.
888.939.0998 630.579.6998
www.supermax-inc.com

Description

Honeycomb Textured Aurelia Gloves are ambidextrous, polymer-coated, non-sterile, disposable latex examination gloves. The gloves are powder-free and are available in a peppermint-scented green color and an unscented, natural color. The gloves have rolled cuffs with a raised honeycomb surface on the fingertips and palms. They are also available with smooth and microtextured surfaces. **Honeycomb Textured Aurelia Gloves** come in extra-small, small, medium, large, and extra-large sizes. Eight dental offices evaluated both the scented and the unscented **Honeycomb Textured Aurelia Gloves** during a 1-month period.

Suggested Retail Cost: \$6.50/100 gloves

Product Features

Honeycomb Textured Aurelia Gloves were well received by all consultants. The gloves are easy to put onto dry hands and are equally easy to remove. The fit of the gloves was superb for most consultants, and the exterior

provided a good, non-sticky surface for the duration of all procedures. The gloves were rated excellent for tear resistance, quality control and lack of discoloration. The textured grip was one of the most-liked features of the gloves, although a few consultants felt the tactile sense to be slightly reduced. **Honeycomb Textured Aurelia**

Gloves caused no skin sensitivity and were judged to have very good comfort with extended wear. Consultants and patients alike welcomed the pleasant scent of the peppermint gloves. All but one consultant's office reported the gloves to be as good as or better than the gloves they were currently using. Three out of four offices indicated that they would purchase **Honeycomb Textured Aurelia Gloves**, and 88% would recommend them.



Consultants' Comments

- ▶ "The peppermint gloves have a nice scent that patients like."
- ▶ "Good fit and easy to put on."
- ▶ "Excellent grip and feel."

Editors' Note: Aurelia Gloves are also available in a non-textured powdered and a powder-free micro-textured style with a subtle, all-over texture for a non-slip grip.

(continued from page 16)

OPC

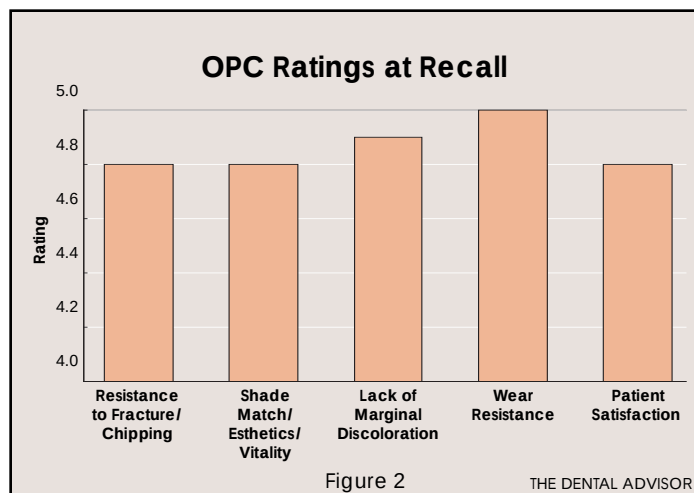
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Conclusion

Of 238 restorations, 153 were recalled; these restorations demonstrated excellent esthetic results during the recall period of up to 8 years. The wear on opposing dentition was minimal, and the 5% failure rate is in line with porcelain-to-metal crowns.

Consultants' Comments

- ▶ "I feel confident using **OPC** in all areas of the mouth."
- ▶ "There is no visible wear to the opposing enamel."



Editors' Choice OPC Long-term Clinical Performance

20
years

OPC



Pentron Laboratory Technologies, LLC
800.243.3969 203.265.7397
www.pentron.com

Description

OPC is a pressable, all-ceramic system indicated for anterior and posterior crowns, inlays/onlays and veneers. Original **OPC** porcelain has been replaced with a low-fusing formulation, **OPC Low Wear**, previously evaluated in THE DENTAL ADVISOR, Vol. 17, No. 9, November 2000. Restorations are fabricated by veneering the ceramic, **OPC Low Wear**, over **OPC**, a pressable all-ceramic core. **OPC** uses a fine leucite particle size and high leucite content for low abrasion to the opposing dentition and high strength.

Clinical Evaluation Protocol

- ▶ 153 of 238 **OPC** restorations were available for evaluation at recall.
- ▶ Length of service ranges from 1-8 years (Figure 1).
- ▶ Restorations included crowns, inlays/onlays and veneers on 116 posterior and 37 anterior teeth.
- ▶ All restorations were cemented with adhesive resin cements.
- ▶ Restorations were evaluated using a 1-5 rating scale: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent
- ▶ Categories evaluated at recall are noted below.

Clinical Observations

▶ Resistance to Fracture/Chipping

During the 8-year evaluation period, 95% of **OPC** restorations were intact. Eight posterior crowns (5%) required replacement due to fracture. One posterior crown chipped, requiring recontouring. Additionally, 3 crowns debonded and were recemented.

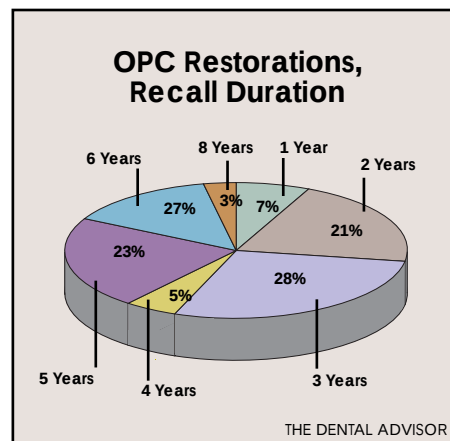


Figure 1

▶ Shade Match/Esthetics and Vitality

Eighty-two percent of **OPC** restorations rated excellent for esthetics and shade stability, while 18% rated very good. **OPC** restorations maintained their esthetic appearance with no loss of gloss or staining, and all rated very good to excellent.

▶ Lack of Marginal Discoloration

Very little marginal staining caused by microleakage was noted in **OPC** restorations. Ninety-two percent rated excellent for absence of marginal staining. Eight percent showed very faint discoloration at the margin. This staining was due to microleakage and was not a function of the material.

▶ Wear Resistance

Ninety-eight percent of restorations rated excellent for wear resistance upon visual inspection.

▶ Patient Satisfaction

With the exception of those restorations requiring replacement, all restorations rated excellent based on patients' responses regarding comfort and esthetics.

See **OPC** page 15.



Before restoration.



OPC (teeth #12-13) at 3-year recall.

John W. Farah, D.D.S., Ph.D.