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THE DENTAL ADVISOR™

"Improving Patient Care Through Research & Education"



Photography by Charles McClaren, D.D.S.

Equipment for Case Presentation and Patient Education

Effective and consistent patient communication is essential to the success of any dental procedure. No one likes "surprises" or "sticker shock," especially in the dental office. By communicating well and providing information regarding risks, benefits, alternatives, and informed consent, doctors and dental teams can prevent the dreaded "unhappy patient" phone call.

This issue of THE DENTAL ADVISOR introduces a variety of dental office technologies used to enhance patient education and communication … from reception room to operatory to patient check out. The possibilities are truly endless and the ease of technology integration is continually improving.

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(*Air compressor*)

An Editors' Choice award is given to products recognized by our editors as being a unique or significant product.

RATINGS

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

THE DENTAL ADVISOR™

December 2009
Vol. 26, No. 10

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Case Presentation

The number of companies offering options for technology integration is vast and the types of products available range from simple to complex. They range from patient specific, such as treatment planning software or paperless charting systems, to comprehensive systems which can provide the latest in total office technology integration.

Chairside interactive patient education software

Good communication is the foundation that fosters the relationships we as dentists maintain with our patients as they entrust us with the dental health and well being of their families.

Patient education systems have become increasingly easy to integrate into the doctor's routine. These systems enhance doctor-patient communication by explaining dental procedures using simplistic terminology, movies, and animated pictures. The average dental patient has access and motivation to independently research proposed dental procedures in a clear, precise, simplistic manner. Most of these patients are armed with this information when they present in your dental office, and will not be impressed with your obscure drawing and over-complicated dental explanation.

When used effectively, these patient communication systems will not only inform your patients, they can actually educate them to select the best dental treatment. You may even find patients asking about elective procedures they viewed on your reception room TV. Most dentists do not take the time or simply feel awkward initiating conversation with their patients about elective procedures such as teeth whitening or porcelain veneers. Alternatively, a patient may become aware of their bruxism habit and ask you about it before you even look in their mouth.

Another benefit of these systems is they routinely provide a consistent message, complete with appropriate risks and benefits of said treatment. No "talking in circles" or chances for mis-speaking. When completely integrated into your dental software, most of these systems will automatically record a note in the patient's chart indicating they viewed a presentation. Electronic signature pads can even be installed in the treatment and consultation rooms for patients to sign that they viewed the appropriate presentations or to simply verify they updated their medical history electronically.

Q: What if I do not have computers in each of my operatories?

A: Some systems can run off one centrally located computer. In that case you would only need a monitor to view the presentations, be it in your reception room, consultation room, operatory, or all of the above! Check with your dental technology consultant prior to purchasing so you are aware of any hardware upgrades your office may need to accommodate this new technology.

Clinical Tip #1

Do not belittle the importance of quality customer support. Most companies offer a 24-hour support line (via phone or virtually), and have technical staff standing by to answer your questions. As you get comfortable with a particular system, questions are sure to arise, and this support can be very helpful!

The **Patient Education Software** table (page 5) highlights the seven leading patient communication systems and their key features.

Q: What are the factors to consider when evaluating which system is the best fit for your treatment style?

A:

- Ease of integration with your current computer hardware and software
- Training and customer support
- Initial cost and cost of future upgrades
- Ease of use
- Internet compatibility.

Oral cancer screening technologies

With online information, patient forums, parent chat rooms, and increased advertising, the dental IQ's of our patient's is at an all time high. Along with this comes an increased expectation for comprehensive treatment. Whether you know it or not, dentists and hygienists are doing a visual inspection for oral cancer each time they look in a patient's mouth. In addition, whether your patient knows it or not, they are depending on you for early detection of oral cancer. Once oral cancer is "easy" to see upon visual examination, it may be too late. Early detection is the key to early treatment and consequently an early cure.

Let's not kid ourselves, the hope with oral cancer and soft tissue examination is that everything is normal, right? Simply being able to confidently reassure your patient of this very fact at each examination makes this technology worthwhile. Stand alone the opportunity to save a life as a result of early detection. Identifying abnormal oral tissues will not always lead to a diagnosis of oral cancer, but in the process, other oral manifestations like HIV, HPV, and Candida may be identified. Several products are available to assist dentists and hygienists in early detection of oral cancer. If you have not routinely been doing head and neck soft tissue examinations, then you should start. Introducing a new technology is the perfect opportunity to energize your staff and educate your patients.

When you or your hygienist introduces a new oral cancer screening technology, it immediately differentiates your office as one that cares about their patient's overall health and well being. Currently, the most commonly used devices are ***VELscope Vantage*** (*LED Dental*) and ***ViziLite Plus*** (*Zila Pharmaceuticals, Inc.*) with *TBlue*. These systems, in addition to ***Identafi 3000*** (*Trimira*), are designed to assist clinicians in seeing suspicious lesions not readily visible with the naked eye. The ***VELscope Vantage*** emits a blue light into the mouth. Normal oral tissues will emit a green fluorescence pattern, while abnormal oral tissues will appear irregularly dark. The ***ViziLite Plus*** utilizes a chemiluminescent light source in conjunction with a blue phenothiazine dye (*TBlue*) which marks irregular oral lesions. This blue dye is said to reduce false positives and enable lesions to be seen in normal lighting.

Q: How do I bill for an oral cancer screening?

A: According to CDT 2009-10, both codes D0120 (periodic examination) and D0150 (comprehensive examination) include in their description, "This includes an oral cancer evaluation …" Therefore, some dentists do not charge an additional fee for this service. Others, however, choose to charge an additional fee since they are providing a type of evaluation that is different.

Clinical Tip #2

It's important to fully educate your entire dental team about the role this new technology will play in early detection of oral cancer. With proper communication and education, your team will feel confident using this new technology and be ready to answer any questions your patients may have.

Leading oral cancer screening technologies:

- ***VELscope Oral Cancer Screeening System*** (*LED Dental*)
- ***Identafi 3000 Ultra*** (*Trimira*)
- ***ViziLite Plus*** (*Zila Pharmaceuticals, Inc.*)

Case Presentation

Operatory Monitor Mounting Systems

If you have ever experienced a brand new dental patient, young or old, who "did not even want to sit in the dental chair," then you can appreciate having the most comfortable environment possible to accommodate fearful patients. Young, old, anxious or not, all patients appreciate the opportunity to watch TV and distract their mind during treatment or when waiting for their appointment.

Above and beyond the pure enjoyment of catching up on the local news, sports, and weather while at the dentist is the fact that the patient can truly be educated and engaged in the treatment planning process. Patients can view their digital radiographs, intraoral digital photographs, and patient education programs with their dentist or hygienist.

By having more relaxed, better educated patients, it allows the entire dental team to work in a lower stress, more efficient environment. Lower stress comes with the assurance the patient has viewed, consented, and understands their treatment proposals, and improved efficiency from the ability to work with speed and confidence knowing your patients are more comfortable during the procedure.

Q: If I do not already have track-mounted lights, can I still use these systems?

A: Yes and No. Some systems are compatible with chair-mounted lights while others rely solely on track mounts. Another option is to mount the monitor to the side wall or directly to the ceiling, but keep in mind that track-mounted systems have the best view.

Clinical Tip #3

Be sure to consult your dental installation technician to avoid any unforeseen costs. Placing ceiling reinforcements to support the weight of a track-mounted system can get costly if you're not careful!

Leading operatory monitor mounting systems

- ***Technology Lighting Center - TLC*** (*Seltzer Institute*)
- ***Flexview HD™ Media Delivery Systems*** (*Flexview Systems*)
- ***Midmark Track Light Monitor*** (*Midmark Corp.*)
- ***Flexible Monitor Mounts*** (*Pelton & Crane*)
- ***Proma Dual Track Mounted Light & Monitor*** (*Proma*)

Additional Patient Education Tools

While most patient education systems come complete with dental photos and videos which clearly demonstrate procedures and provide beautiful before and after photos, some dentists want the ability to import images showcasing their own handiwork. Whether importing your own dental images into your patient communication software and presentations, or simply using these images to educate your patient's chairside, the ability to capture clear images in an efficient manner is important.

A variety of intraoral cameras, extraoral digital cameras, digital scanners, and image management software is available to assist with this. We recommend you consult your IT specialists to find the system that is best compatible with your dental practice software and your practice philosophy.

Q: Do I need an Intraoral camera for each operatory?

A: No. Today's technology enables most cameras to connect to a computer via a simple USB connection. Simply having USP cables available in each room allows one camera to be shared amongst multiple treatment rooms.

Clinical Tip #4

If you do not have an Intraoral Camera in each operatory, keep your Intraoral Camera and protective barriers in a centralized location. That way everyone knows where to find it when needed!

Conclusion

Part of the fun of being a dentist is that each and every patient can present with a new dental challenge. Educating ourselves and our patient's so that together, we can make the best treatment decision is what our profession is all about. Digital technology offers multiple ways to efficiently communicate this information to our patients … leading to better overall dental health for all of our patients.

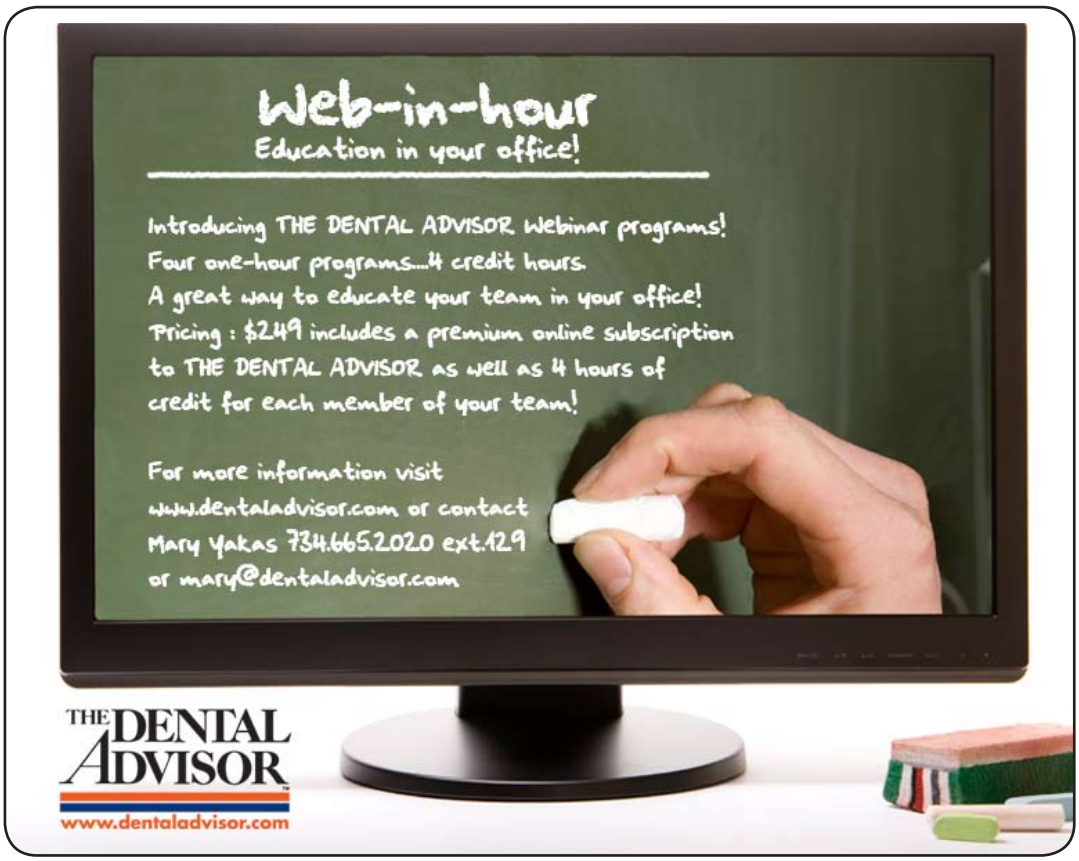
Patient Education Software

Product	Company	# of Topics	English and Spanish	Print, Email, Make CDs	Hardward Requried	Technical Support
Consult-PRO Chairside	Consult-PRO	800	Yes	Print/Email	PC	Yes - Free
CAESY DVD	Patterson Dental	265	Yes	No	DVD or DVD ROM	Yes
CAESY ENTERPRISE	Patterson Dental	408	Yes	All	PC	Yes
Guru	Dentrix	200+	Yes	All	PC	Yes
Orasphere	Orasphere	72 topics	Yes	Print	PC, iPod	Support plan available
Smile Channel DVD	Patterson Dental	131	Yes	No	DVD or DVD ROM	Yes
The Sidekick	InfoStar Productions	400+	Yes	All	Server or PC	Yes - Free

Dr. Brent Kolb, D.D.S.



Brent Kolb, D.D.S. currently an adjunct clinical professor at the University of Michigan School of Dentistry, graduated in 1997 from Miami University with undergraduate degrees in Chemistry and Mathematics. Dr. Kolb is a 2003 graduate of The Ohio State University College of Dentistry. In June 2004, he completed one year of advanced training in general dentistry at The University of Michigan. Dr. Kolb is a proud member of The Michigan Dental Association, The American Dental Association, The Academy of General Dentistry and the American Academy of Cosmetic Dentistry.



Translating the Science

Gloss Measurements and What They Mean

Gloss is a surface property related to specular reflection from the surface and is dependent on the material, its surface roughness, and the angle of illumination. Gloss is measured by a gloss meter and can be used to compare surface finishing and polishing of composites. For example, a reading of 95 gloss units would be representative of highly polished flat glass plate, whereas a reading of 40 gloss units would represent a reading for frosted glass.

Gloss of a composite during a finishing and polishing sequence is shown. The highest gloss is achieved with a Mylar finish. Polishing improves the gloss of a roughened surface but normally does not attain the gloss of the original Mylar surface.

Gloss of a composite (***N'Durance***, *Septodont*)	
Sequence	**Gloss, GU**
Mylar finish	88
320-grit abrasion	14
Polish with Astropol P (*Ivoclar Vivadent*)	57
Polish with Astropol HP (*Ivoclar Vivadent*)	75



N'Durance (*Septodont*)

Are You Keeping Your Hands Healthy?

John A. Molinari, Ph.D.



Q: What is the most common cause of dermatitis?

A: The most influential factor relates to dental professionals not caring for their hands properly. After repeated exposure to soaps and chemicals, clinicians often don't follow the steps needed to protect their hands. For example, when soap is not rinsed off the hands and then the gloves go on, the hands perspire, reactivating the soap left on the hands, causing irritation. A reddened area can develop with itching. This irritation eventually breaks epithelium, thereby initiating dermatitis. This is a nonspecific dermatitis caused by contact with substances that physically or chemically break down or damage the skin. This non-immunological adverse reaction is the most common form of observed hand dermatitis.

Q: What are the symptoms of nonspecific dermatitis?

A: The hands become reddened, dried, cracked, and they may even bleed in severe incidences. After washing hands 25 to 30 times a day, they can become dry. This occurs when moisture is not replaced with a water-based type of emollient, when the hands are not dried properly, and/or when soap residue is left. When the hand wash agent is not properly rinsed from an existing site of irritation, the wounded area holds the soap more tenaciously. Thus, an important component of hand washing requires that any area of dermatitis be rinsed even better than the rest of the hand.

Q: What are the most common irritants that cause contact dermatitis?

A: Metal and jewelry are common irritants, like nickel. Many people become allergic to their watches as the metal bands often contain nickel. With regard to contact dermatitis reactions from latex gloves, there are certain chemicals used in their manufacturing than can stimulate these allergic reactions. Among the more allergenic components are thiurams, antioxidants, and vulcanization accelerators. Remember, in the Type I latex sensitivity, a few of the natural rubber proteins cause allergic reaction, while Type IV, the offending agents are chemicals added to the latex in manufacturing.

Q: Are the waterless disinfecting soaps effective?

A: They work if the hands are not dirty, that is contaminated with body fluids such as saliva, blood, or exudate. The 2003 Centers for Disease Control and Prevention Guidelines for infection control in dentistry note that when hands are not visibly soiled, the waterless hand hygiene agents are useful and effective as alternatives to traditional hand washing with liquid soaps or antiseptics. If hands are visibly soiled, then only soap and water or antiseptic hand washes with soap and water should be used. The use of waterless hand hygiene agents has been shown to be effective in a number of health professional settings in part because they have fostered better an increase in hand washing compliance. Accumulated data have shown that increased compliance is translated to lower hospital-acquired infection rates. However, there is a note of caution that also must be included. If a person has dry skin, these agents may further the problem. Many of the newer products contain emollients like glycerin and aloe vera, which help moisturize the epithelium and reduce dryness and cracking.

Q: Are there any preventive therapies on the horizon?

A: Allergy shots are not given for latex sensitivity or contact dermatitis so basically creating new products and, in the case of latex, more non-latex products as a substitute are the current options.

How to Stop Educating Patients Out Your Door

Dr. Paul Homoly, C.S.P.



Let me ask you this – is it true? Is patient education the solution to case acceptance?
If it is, then why do many new patients who've been thoroughly examined, educated, and offered comprehensive treatment plans at times leave your practice and never return for care? Is it that you didn't educate them enough? Or is it that in the challenge of case acceptance, patient education is not the only answer. Let's look at the new patient process and case presentation and learn when patient education works for us and when it chases patients out the door.

Uncomplicated Dental Needs

For patients with uncomplicated dental needs with fees of $3,500 and less, patient education is the key to case acceptance. Here are a couple reasons why. First, patients with minimal clinical needs are often unaware of them. Patients with conditions such as periodontal disease, asymptomatic periapical abscesses, and incipient carious lesions must be made aware of them and educated to their consequences. Once this is done, now patients are in a position to accept your treatment recommendations. Patient education is the driver of case acceptance when the patient is unaware of their conditions. For patients with uncomplicated dental needs, dental insurance reimbursements, patient payment plans such as CareCredit® and credit cards usually sooth the sting of fees for $3,500 and less. Fees at this level are not insurmountable and usually do not anger or embarrass patients out of your office. Patient education combined with smart financial arrangements drive case acceptance for uncomplicated dental needs patients.

Complex Dental Needs

But what if you presented complex dentistry and your fee is $10,000? Are patient education and financial arrangements the magic of case acceptance? No, they're not. For complex care patients with fees greater than $3,500 we can't rely on patient education to sell the case. Here's why. First, patients with complex needs often come into your office with a specific complaint – embarrassment about their appearance, aggravation from their dentures, or fear of losing their teeth. They don't need to be educated to their chief complaint. Next, many complex care patients have heard the patient education lecture about plaque, pockets, and sugar many times before. This is old news and not a conversation that distinguishes you.

Patient education efforts for many folks bounce off like BB's fired at icebergs. Expecting to influence them into a $10,000 treatment plan that doesn't fit into their budget by showing them how to floss is a naïve. Let me be really clear at this point. We are going to spend some time in the patient education process with complex care patients; it's just not one of the first conversations we're going to have. The first conversations we're going to have with complex care patients are about discovering how complex care fits into their life now. Discuss things such as their budget, time, work schedule, family and health issues. I call these fit issues. These are the issues into which your treatment plan must fit.

Advocacy

Advocacy is the experience of the patient when they realize that you're guiding them not selling them into dental health. To affectively guide a patient into complex care you need to take into account the fit issues of their life and help them find a way to fix their teeth in light of those circumstances. This may mean fixing their teeth now, later, or a little at a time. Here's something you say that propels the advocacy experience. It occurs after the examination before any detailed conversation about clinical findings. Here's where you link the fit issues you discovered to your clinical findings.

"Kevin, now that I've looked at your teeth I know I can help you. We treat many patients like you with partial dentures that don't work well. I know I can help. What I don't know is whether this is the right time for you. You mentioned you travel a lot and your company is in the middle of a big reorganization. Do you go ahead with your treatment now? Do we wait until later? Or do we do it a little over time? Help me understand how I can best fit your treatment into everything that's going on in your life."

This advocacy statement leads to a conversation about the patient's fit issues. This conversation reveals what treatment fits and what doesn't. You'll find this approach to patient's results in many complex care patients doing their treatment over time, allowing them to stay within the limitations of their fit issues. This is a good thing because it yields life-time patients for you.

The Decision to Educate

The decision when to educate and when to advocate is situational. Patient education, and its impact on case acceptance, is highest when the complexity of the care (and its associated fee) is minimal. Patient education is the driver of case acceptance when patient's conditions and fees are minimal. However, when the complexity of care increases, the role of advocacy takes over.

A great opportunity for you to be more successful with case acceptance is Dr. Paul Homoly's newest offering, Yes! On-Line. Visit www.paulhomoly.com or call 800-294-9370 to learn more. Dr. Paul Homoly, CSP, is a world-class leader in dental education and is known for his innovative and practical approach to dentistry.

3M ESPE Protemp Plus Temporization Material + + + + 1/2

3M ESPE
800.634.2249
www.3mespe.com

EXCLUSIVE REVIEW

Description

3M ESPE Protemp™ Plus Temporization Material is a two-component composite with a new generation of fillers for fabrication of interim restorations. It is indicated for temporization of single- and multiple-unit crowns, bridges, inlays/onlays and veneers, including long-term provisional restorations. It is packaged in 50-mL automix cartridges and is available in five fluorescent shades: A1, A2, A3, B3 and Bleach. The starter kit contains one cartridge of ***Protemp Plus Temporization Material***, dispenser, mixing tips, *RelyX™ Temp NE Temporary Cement*, and 2-g syringe of *Filtek™ Supreme Plus Flowable Restorative* to be used when needed for repair of the temporary. Twenty-two consultants used ***Protemp PlusTemporization Material*** for more than 480 interim restorations. This product received a 92% clinical rating.

Suggested Price
- $234.70/introductory kit

Editors' Observations

Manufacturer's Instructions
The introductory kit is well organized and contains the necessary materials to fabricate, repair and cement the interim restorations. Detailed written instructions as well as a quick reference technique card are included to facilitate fabrication of the provisional restorations.

Ease of Dispensing/Mixing Tip Shape and Size
Protemp Plus Temporization Material extrudes smoothly from the dispenser through a mixing tip, which helps control the flow of the material directly into the matrix.

Viscosity /Flow/Lack of Bubbles and Voids
The material exhibits good flow into the matrix with very few bubbles in the mix. It also adapts well to the prepared tooth and captures margin detail. Consultants commented that ***Protemp Plus Temporization Material*** sticks to adjacent teeth and occasionally is difficult to remove after it has been in the mouth for the recommended time (1 minute 40 seconds after start of mixing).

Working/Setting Time
Working time is sufficient even for multiple interim restorations; however, many consultants would prefer a slightly faster setting time. One concern was the need to keep the interim restoration in the matrix after removal from the mouth for five minutes before trimming and adjusting. Five minutes is recommended to achieve optimum esthetic properties.

Lack of Oxygen-inhibited Layer
The presence of an oxygen-inhibited layer was not a consistent finding during this evaluation.



Editors' Comments

- ***"3M ESPE Protemp Plus Temporization Material is easy to use and produces a very strong and durable temporary restoration."***
- ***"Superior marginal detail and resistance to distortion/tearing."***
- ***"The material's gloss is adequate without polishing for posterior provisional restorations; anterior restorations need minimal polishing."***
- ***"Shades are good but are bright (high value) and opaque."***
- ***"Sticks to adjacent teeth."***

Consultants were almost evenly split, with some reporting that there was a minimal oxygen-inhibited layer, while the others described the sticky layer to be the same or worse than that of other products. The oxygen-inhibited layer was reported to be easily removed with alcohol. When the temporary was kept in the matrix for the recommended five minutes after removal from the mouth, the presence of an oxygen-inhibited layer was minimized.

Fit of Restoration/Strength/Resistance to Fracture
The interim restorations had very good fit, particularly the marginal adaptation, to the prepared teeth. ***Protemp Plus Temporization Material*** can be trimmed easily without cracking or chipping, and it seems to have more flexibility than other products. The strength is more than adequate for single-unit provisional restorations and small bridges. There were a few reports of fractures with fixed partial dentures.

Final Shade Match/Esthetics of Restoration
In general, the consultants were satisfied with the esthetics of ***3M ESPE Protemp Plus Temporization Material***; however, most remarked that the shades were consistently lighter than the labeled Vita shades. Additionally, the shades were reported to be opaque. The final interim restorations required very little polishing, which is an improvement over most other similar materials.

Clinical Tip

- Use *Filtek Supreme Plus Flowable Composite* to repair the temporary when needed. ■

ACE ALL-BOND SE + + + + +

Editors' Choice

Bisco Dental Products
800.247.3368 - 847.534.6000
www.bisco.com

Description

ACE ALL-BOND SE is a self-etching (6th-generation, Type II) bonding agent that combines etching, priming and bonding in a dual-chamber cartridge dispensing system. ***ALL-BOND SE*** is a light-cured, ethanol/water-based, self-etching, adhesive containing acidic monomers that can be used with both self- and dual-cured materials as well as indirect restorations without the need for additional activators. The *ALL-BOND SE Liner* is an optional radiopaque, filled resin liner intended for use with ***ALL-BOND SE*** and is included in the System Kit. Uni-Etch is also provided for etching uncut enamel. The ***ACE*** dispenser is designed to distribute the correct ratio of material into a well for mixing. Once mixed the adhesive takes on a pink color which indicates a proper mix. The ***ACE*** dispenser is made of a durable plastic with a clear bottom that allows visibility of the ***ALL-BOND SE*** cartridge. The System Kit contains one ***ACE*** dispenser; two, 2-ml cartridges of ***ALL-BOND SE***; one, 4 ml bottle of *ALL-BOND SE Liner*; one, 5 g syringe of Uni-Etch with BAC; 50 brush applicators; 25 microbrush applicators; Manufacturer's Instructions/MSDS; and a quick reference card. ***ACE ALL-BOND SE*** is also available in a Starter Kit and 4 Cartridge Refill Package. ***ACE ALL-BOND SE*** was evaluated by 25 clinical consultants in bonding 665 restorations. This bonding agent received a 98% clinical rating.

Suggested Retail Cost
- $128.00/System Kit
- $ 92.00/Starter Kit
- $144.00/4 Cartridge Refill Package

Product Features

The ***ACE*** dispensing system was easy to activate and convenient for dispensing the bonding agent components. The ability to produce uniform drops was noted by dental assistants, and the color-changing feature created confidence of a properly mixed product. Consultants liked that the bonding agent could be used with self- and dual-cured resins without the need for a separate dual-cure activator. The adhesive coated the tooth surfaces well without pooling. No postoperative sensitivity was reported. Eighty percent of the consultants reported that ***ACE ALL-BOND SE*** was better than their current bonding agent. Sixty-four percent of consultants would switch and 76% would recommend ***ACE ALL-BOND SE*** to their colleagues.



Consultants' Comments

- *"It is my go-to product!"*
- *"Easy to dispense and mix – consistent results."*
- *"Color is easy to see."*
- *"I didn't observe any sensitivity."*
- *"Include large and small microbrushes in the kit."*
- *"Provide a disposable sheath for dispenser to improve infection control."*

Clinical Tips

- Be careful when inserting the cartridge to make sure it is engaged in the dispenser.
- Scrub the bonding agent on the tooth with a microbrush and then air dry well.
- Bonding agent is compatible with self- and dual-cured resins without use of a dual-cure activator.
- Refrigeration is recommended only for long-term storage. ■

Butler Paste-Free Prophy + + + 1/2

Sunstar Americas, Inc.
800.528.8537
www.jbutler.com

Description

Butler Paste-Free Prophy is a gluten- and latex-free, disposable, paste-free prophy angle with non-fluoridated, polishing agent incorporated into the cup. The elimination of prophy paste reportedly reduces splatter, saves time, is less abrasive on enamel and restorations, as well as increases visualization. ***Butler Paste-Free Prophy*** is designed to fit all standard straight (nose-cone), Doriot-style handpieces. The manufacturer highly recommends starting polishing in an upper quadrant where moisture from the saliva duct will soften the cup for better adaptation. ***Butler Paste-Free Prophy*** is available unflavored in individually wrapped in 200-count boxes. Twenty-nine consultants evaluated ***Butler Paste-Free Prophy*** in 480 clinical applications. This product received an 81% clinical rating.

Suggested Retail Cost
- $130.00/ 200-count box

Product Features

Butler Paste-Free Prophy angles attach easily to Doriot-style handpieces and come with clear instructions for use. The low amount of splatter and time savings were rated as good and were well received by consultants. Many hygienists found the size and shape of the cup too small and too stiff, reporting some difficulty cleaning near the gingiva and accessing the interproximal areas. The ability to clean teeth was not highly rated because the pumice incorporated into the cup was not abrasive enough to remove all plaque and stain; however, the product was more than adequate for polishing restorations and unstained teeth.

Consultants' Comments

- *"Great product for young kids."*
- *"Much less rinsing is required compared to prophy paste."*
- *"Good to use before sealant placement."*
- *"I would keep some of these in my office as an option for select cases."*
- *"Did not remove stain as well as traditional prophy paste."*
- *"I would like a softer cup for better flexibility and access into interproximal areas."*
- *"Add different grits and flavor options."*
- *"Incorporate a more abrasive pumice in the cup for stain removal."*

Some patients commented that their teeth did not feel as clean, and stated they prefer the grittiness of traditional prophy paste. No comments were reported from patients about taste or lack of flavor. ***Butler Paste-Free Prophy*** did not meet the expectations of consultants and patients for use in all polishing procedures; however, they recommended its use in select cases such as geriatric patients, due to the need to rinse less; young children, due to the lack of paste; and on restorations where a gentler polishing agent is required. Consultants agreed that these prophy angles are innovative and that there is a definite place for its use in dental offices. Hygienists found ***Butler Paste-Free Prophy*** extremely useful for patients who do not like flavored paste or grit on their teeth and for patients who have a hard time sitting still.

Editors' Note: *Since the completion of the clinical evaluation of Butler Paste-Free Prophy, Sunstar Americas, Inc., has begun developing a stain removal version with a mint flavor.* ■

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GC KALORE + + + + 1/2

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Description

GC KALORE is a low-shrinkage, universal nanofilled composite indicated for use in Class I to IV restorations, wedge-shaped defects, root surface cavities, direct veneers, and diastema closures. This composite utilizes new monomer technology from DuPont, in addition to new patent High Density Radiopaque (HDR) fillers from GC America. ***GC KALORE*** is formulated with UDMA but contains no Bis-GMA. The HDR pre-polymerized fillers are intended to provide longevity, improved esthetics and handling. ***GC KALORE*** is available in 26 shades, including 15 universal shades, 5 opaque shades and 6 translucent shades. Each shade is available in 0.2 g unitips or 4 g syringes which are color-coded. Curing time is 20 seconds with a standard halogen or LED light for most shades. ***GC KALORE*** was evaluated by 20 clinical consultants in 507 uses with the unitip delivery. This product received a 91% clinical rating.

Suggested Retail Cost
- $230.00/trial kit
- $90.00/syringe (4 gm)
- $100.75/20 refills
- $50.50/10 refills

Product Features

GC KALORE provides exceptional handling for packing dense restorations and sculpting anatomy and contours. Superior esthetics was obtained when shades were layered; the universal shades alone tended to be slightly opaque. ***GC KALORE*** received top ratings for ease and quality of finishing and polishing, shade match after curing and final esthetics. Sixty-five percent of consultants reported that ***GC KALORE*** was the same as or better than their currently used composite. Overall, 25% of consultants would switch to it and 60% would recommend ***GC KALORE*** to their colleagues.



Consultants' Comments

- *"The specialty shade OXBW is great for use on extremely white teeth."*
- *"Stays true to Vita shade guide when cured – nice esthetics in the anterior."*
- *"Great handling characteristics - not sticky at all."*
- *"Stays where you place it, easy to establish proximal contacts, and good radiopacity."*
- *"Body shades are a little opaque."*
- *"It would be nice to have individual shade tabs to more accurately determine the shades."*
- *"Provide unitips with a smaller tip diameter to facilitate placement in smaller restorations."*

Properties	
Flexural strength	104 MPa
Flexural modulus	8.0 GPa
Compressive strngth	345 MPa
Radiopacity	2.5 mm Al

Clinical Tip

- When layering shades, be sure to cure each layer separately. ■

CustomAir 1025D by RAMVAC + + + + 1/2

Editors' Choice

DentalEZ Group
866.DTE.INFO
www.dentalez.com

Description

CustomAir® 1025D is an oil-less air compressor for dental office use. This model contains two motors of ¾ horsepower each and is intended for up to five users; smaller and larger models are available. Its small size requires less than four square feet of floor space. The compressor heads are 100% duty cycle rated allowing them to run continuously if needed and the heads can be isolated for service. A dual-column desiccant dryer provides 100% continuous supply of moisture-free air. Maintenance involves annual replacement of filters and new desiccant cartridges every five years. The warranty is six years. ***CustomAir 1025D*** with the optional sound cover was evaluated by consultants in a dental office with seven operatories over a period of four months. This compressor received a 93% clinical rating.

Suggested Retail Price

- $6950.00

Equipment Features

CustomAir 1025D was highly rated by consultants for its compact size, quality of air and ease of maintenance. During the evaluation period, ***CustomAir 1025D*** was used daily by two dentists and two hygienists with an occasionally additional user. The compressor operated flawlessly with adequate air pressure for all users. Air produced from three-way syringes in the operatories contained no visible traces of moisture. The noise level from the unit was reported to be medium-high in the utility room and was noticeably reduced after installation of the sound cover. Fifty percent of the consultants reported that ***CustomAir 1025D*** was better than their current compressor and 67% would recommend ***CustomAir 1025D*** to their colleagues.



Consultants' Comments

- *"I liked the small size."*
- *"This oil-less compressor is a breeze to maintain."*
- *"Easy - just turn it on and go!"*
- *"A quieter unit would be nice."*

Clinical Tips

- The desiccant columns can be changed one at a time in the office while the compressor is in operation.
- Install the optional sound cover to decrease the noise. ■

RAMVAC Bulldog QT + + + + 1/2

DentalEZ® Group/RAMVAC®
866.DTE.INFO
www.dentalez.com

Description

Bulldog® QT Combo 2 is a dental dry vacuum system in which the power unit may be stacked on the 15-gallon polymer separating tank, the *Otter Tank*. Multiple tank/vacuum unit configurations are possible. The *Combo 2* system evaluated is intended to service up to six operatories with two doctors and staff working simultaneously. The system is completely waterless. Connections are easily accessed, and the exhaust has a built-in check valve. Daily maintenance involves running water and cleaner through the vacuum lines in each operatory. Scheduled maintenance occurs after 1000 hours of use. The pump carries a 10-year warranty. ***Bulldog QT*** with *Otter Tank* was evaluated by 12 clinical consultants over a period of four months. This vacuum system received a 92% clinical rating.

Suggested Retail Cost
- $8175.00

Equipment Features

The ability to stack ***Bulldog QT*** on top of the separating tank was highly rated by consultants, as it results in a compact system with a small 53- x 74-cm footprint. Dental office staff members who performed regular maintenance on the vacuum loved the fact that there were no traps to clean on the ***Bulldog QT***. The evaluation was conducted in a dental office with seven operatories and three to four simultaneous users - one or two dentists and two hygienists. The *Combo 2* system was adequate for this office, and consultants reported that the quality of suction was an improvement over their previous wet vacuum system. Recommendations were followed regarding initial cleansing of the vacuum lines with cleaning solution as well as daily maintenance. Several consultants noted that the system was noisier than they would like. Eighty-three percent of the consultants reported that ***Bulldog QT*** was the same or better than their current vacuum unit, and 67% would recommend this vacuum system to their colleagues.



Consultants' Comments

- *"I love that the unit is maintenance-free – no traps to clean."*
- *"Small system tucks neatly into a corner of the equipment room."*
- *"Great for conserving water usage."*
- *"Cleaning the lines daily is important to reduce build-up that will reduce suction power, especially in narrow tubing used for saliva ejectors."*
- *"The system is noisier than I expected."*

Clinical Tips

- Clean vacuum lines daily with a non-foaming, deodorizing solution such as *SlugBuster*.
- Use hot water for cleaning lines.
- Replace air filters and change oil once a year.

RaySafe + + + 1/2

Unfors
866.4UNFORS
www.unfors.com

EXCLUSIVE REVIEW

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Description

Unfors RaySafe is a safety instrument for monitoring of radiation from intraoral x-ray machines in dental operatories. Use of the meter involves initial calibration to the x-ray machine followed by a single exposure. Daily monitoring is a suggested routine, but the practice may monitor weekly or monthly unless there are conflicting regulations. The LCD display on the unit shows if the radiation output is correct (OK), off by small percentage (ATTENTION), or if the machine requires service (STOP). Ongoing monitoring of x-ray machine radiation output may eliminate under- or over-exposed images; thus the potential for retakes and patient exposure is reduced. ***Unfors RaySafe*** is designed to be easy to read and convenient to integrate into the daily routine of the dental office. ***Unfors RaySafe*** was evaluated by 11 Editors over a period of three months. This product received an 84% clinical rating.

Suggested Retail Cost
- $650.00

Editors' Observations

Instructions
The instructions were rated good. Some consultants thought the instructions should be more explicit regarding how close to set the cone to the meter - it needs to be almost touching it. The literature could provide a better description to show the clinician the value of adding this unit to the office.

Design
The small and compact design was rated very good. The gloss white finish has a clean, modern appearance that is appropriate for mounting on the wall of the operatory.

Ease of Use
Unfors RaySafe is simple to use by positioning the cone over the meter. Occasionally consultants received error messages on the display if the cone was not positioned close enough to the meter, i.e., almost touching it. An error message is the result of improper positioning. The meter measures dose, which changes with distance. The display is large and easy to read.

Ease of Integration into Daily Office Routine
Checking the status of the x-ray machine output was easily integrated into daily office routine. Using the device daily took an extra minute in each operatory. The most time-consuming step was setting each x-ray machine to the exact setting at which it was calibrated before exposure.



Editors' Comments

- *"Checking my x-ray unit daily is an inconvenience - weekly would be better."*
- *"The product didn't come up in conversation with a single patient."*
- *"I like knowing without a doubt that everything is OK, this product does that."*

Accuracy
The accuracy was rated good. The unit reports pass or fail status but does not give information on the reason for failures.

Effectiveness – Increased Safety
Before availability of ***Unfors RaySafe***, some Editors used the quality of radiographic images as the basis for determining the proper output of their machines. Having a meter to measure the output gives reassurance that the equipment is working properly between annual inspections. Thirty-six percent of consultants thought that ***Unfors RaySafe*** increased patient safety.

Patient Perception
Patient perception of safety was rated good. Consultants reported that patients assume that the x-ray unit is safe and they expect that necessary testing is done.

Summary

Fifty-four percent of consultants reported they were more confident that their x-ray machines were operating properly each day by using ***Unfors RaySafe***. Fifty-four percent of consultants would recommend ***Unfors RaySafe*** to a colleague.

Clinical Tips

- X-ray cone needs to be just about touching ***Unfors RaySafe***.
- Sensor pad must be absolutely flat in order to get an accurate reading.
- One meter is required for each operatory because each x-ray machine has a different output.

Editors' Note: *A bold statement will be added to the instructions with an explanation of why the cone must be placed on the meter. Unfors is preparing materials for the waiting room to increase patient awareness.*

Physics Forceps + + + 1/2

Golden/Misch
877-987-2284
www.goldenmisch.com

Description

Physics Forceps are instruments designed for achieving atraumatic extractions simply, predictably, and non-surgically by employing an efficient first-class lever. The instruments have a beak and a bumper rather than two beaks and provide only one point of contact on the tooth. The first force is applied with the beak on the lingual aspect of the tooth or root. The second force is applied via the "bumper" which is placed on the alveolar ridge at the approximate location of the mucogingival junction. The handles of the ***Physics Forceps*** are not squeezed, just held, and a gentle but steady rotational force is applied through a small amount of wrist movement only—about 3°-4° of rotational force. The constant, steady pressure in this position creates an element of "creep" which allows the bone to slowly expand and the PDL to release. Once this occurs, the tooth disengages and will rise approximately 1-2mm occlusally. The forceps can extract most teeth, except third molars. The set contains four forceps (upper right, upper left, upper anterior and universal lower) with 24 bumper guards, a training DVD, instructions and a typodont for practice. The ***Physics Forceps*** were evaluated by 20 clinical consultants in 362 uses. This product received an 84% clinical rating.

Suggested Retail Cost
- $1585/set

Product Features

The instructions for the ***Physics Forceps*** were highly rated, and consultants considered the training DVD to be mandatory for proper use of these instruments. Consultants unanimously agreed that there was a steep learning curve to using these forceps with a technique that was very different from that to which they were accustomed. Some consultants who overcame this challenge found the ***Physics Forceps*** to be a great asset in performing extractions.

Consultants' Comments

- *"What an improvement over conventional forceps. I believe dentistry has been waiting for this advancement!"*
- *"I feel this is a more patient-friendly way of removing teeth – especially those with single roots."*
- *"The patient is less nervous during the extraction because they feel less pressure."*
- *"There is a learning curve and the technique is different than conventional extraction procedures."*
- *"Handles are very wide - difficult for dentists with small hands."*

Others were not as successful, and even after numerous uses found the technique useful only in "easy" extraction cases. While the concept was well accepted, many practitioners reported that their current technique was effective and efficient and did not see a need to learn a new method or add specialized instruments to their armamentarium. Consultants reported occasional damage to the buccal plate. Thirty-five percent of consultants reported that the ***Physics Forceps*** performed at the same level as their current technique and 25% reported the instrument was better than their currently used extraction technique. Overall, 10% of consultants would switch and 55% would recommend the ***Physics Forceps*** to their colleagues.

Clinical Tips

- Watch the training DVD several times.
- Start on easier cases, such as anteriors; use less force than you would with traditional forceps.
- Wrist action is critical. Fine motor skills are required to apply proper force atraumatically.
- Don't squeeze the handles.
- Section long, very curved or multiple-rooted teeth. ■

Take Two! + + + 1/2

Bausch Articulating Papers, Inc.
888-6-BAUSCH - 603.883.2155
www.bauschdental.com

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Description

Take Two! is a two-step method for marking occlusal contacts. Step 1 uses *PROGRESS 100* Articulating Paper to produce blue markings. *PROGRESS 100* is a 100 µm paper with waxes, oils and a special bonding agent intended to reduce smudging and enhance the color transfer onto hard-to-mark surfaces such as gold and ceramic and wet surfaces. Step 2 uses *Arti-Fol* metallic articulating film to produce contrasting red markings. *Arti-Fol* is a 12 µm shimstock foil with color on one side. The system evaluated included 50 pre-cut strips of paper plus a 20-m roll of 22-mm wide film. ***Take Two!*** was evaluated by 23 consultants in over 600 clinical cases. It received an 81% clinical rating.

Suggested Retail Cost
- $25.00

Product Features

The intent of ***Take Two!*** is to first mark occlusal contacts with the blue paper, which will transfer not only color to the teeth, but also a bonding agent. When the red film is subsequently used, the bonding agent grabs the red color at the fine points of occlusal contact. The result should be a high contrast "bullseye" effect of red surrounded by blue. Many consultants who tried ***Take Two!*** were comfortable with their current one-step technique.

Consultants' Comments

- *"Marks surfaces well with high spots in the middle of the marking."*
- *"Worked well without smearing and releases easily."*
- *"Foil dispenser is convenient."*
- *"Marks well in a wet field."*
- *"Red marks can be very fine .*
- *"I prefer precut, 3- to 4-inch strips of foil to rolled foil."*
- *"Innovative idea that I would only use in difficult cases."*

The paper and film each received high ratings individually for their ability to mark surfaces and detect high spots. Markings were good in a wet field but better in a dry field. Consultants who used shimstock routinely appreciated a foil with color on one side. Fifty-two percent of consultants reported that ***Take Two!*** was better than their current articulating paper; 22% would switch to it and 30% would recommend ***Take Two!*** to their colleagues. ■

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