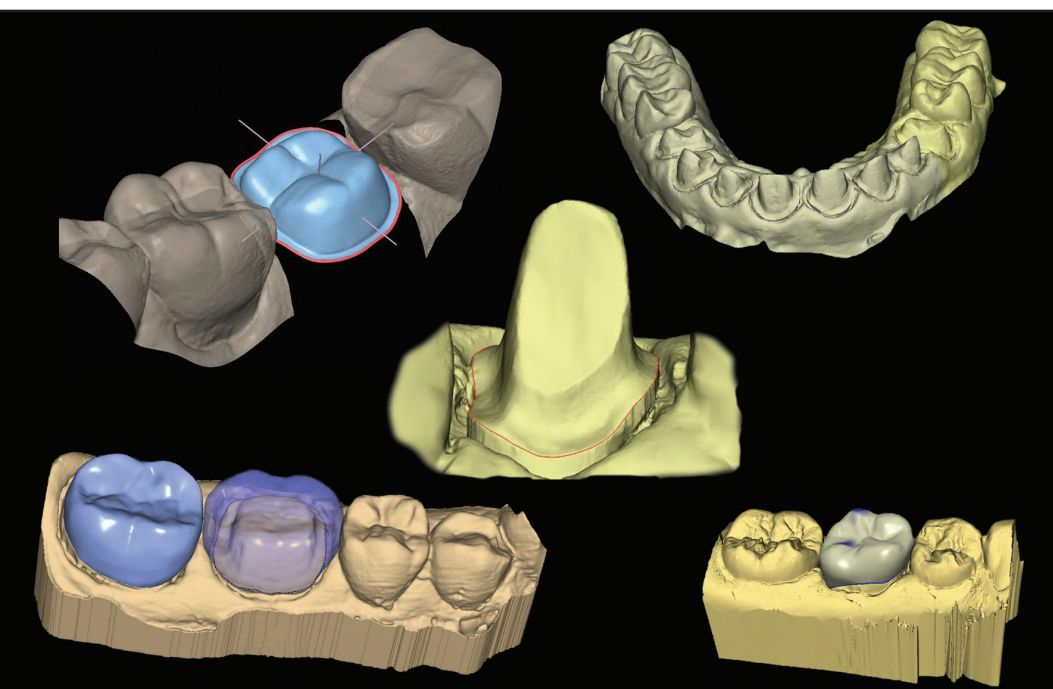


THE DENTAL ADVISOR™

“Improving Patient Care Through Research & Education”



Photography by Chris Brown

Digital Impressions

Over the past three years, THE DENTAL ADVISOR has evaluated four digital impression and CAD/CAM systems (**3M ESPE Lava Chairside Oral Scanner C.O.S.**, **3M ESPE**; **CEREC AC**, **Sirona Dental Systems**; **E4D Dentist**, **D4D Technologies**; and **iTero**, **Cadent, Inc.**). Our readers continue to have many questions about the process and advantages from a clinical perspective. In this issue clinical consultants of THE DENTAL ADVISOR will address common questions and concerns about digital impressions.

In an interview conducted by Dr. John Powers, THE DENTAL ADVISOR's co-editor, Dr. John Farah, Dr. Lori Brown, Dr. Santine Anderson, and Dr. Sabiha Bunek, along with Chris Brown and Mary Yakas, discuss common questions and concerns about digital impressions and CAD/CAM technology. Drs. Farah, Brown, Anderson, and Bunek practice in Ann Arbor, MI, and are editors of THE DENTAL ADVISOR. Chris Brown is the Business Manager at Apex Dental Milling in Ann Arbor, MI. Mary Yakas is the Executive Director at THE DENTAL ADVISOR.

July/Aug 2010

Vol. 27, No. 06

MAIN TOPIC

DIGITAL IMPRESSIONS 2

CLINICAL EVALUATIONS

KENDA BIG JOB 6
(Composite polishing system)

Safe N' Sure Deluxe 8
(PSP envelopes)

LUBRICOAT 8
(Emollient)

Better Faster Cheaper 9
(**BFC**) Syringe (Disposable syringe for impression materials)

Riva Light Cure 11
(Resin-reinforced glass ionomer)

EDITORS' CHOICE



3M ESPE Elipar S10 6
(LED curing light)

OraVerse 7
(Anesthetic reversal agent)

Team Vista 10
(Waterline cleaning system)

BeautiBond 12
(Self-etch bonding agent)

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

RATINGS

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

EDITORS

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

EDITORIAL BOARD

John A. Molinari, Ph.D.
Peter Yaman, D.D.S., M.S.
William A. Gregory, D.D.S., M.S.
Santine Anderson, D.D.S.
Sabiha S. Bunek, D.D.S.
Lori K. Brown, D.D.S.
Alexandra Jacquery, D.D.S., M.S.
Brent Kolb, D.D.S.
Nizar Mansour, D.D.S.
Charles I. McLaren, D.D.S., M.S.
Kathy O'Keefe, D.D.S., M.S.
Thomas Poirier, D.D.S.
William T. Stevenson, D.D.S.
Robert J. Stevenson, D.D.S.
Victoria Thompson, D.D.S.
David Traynor, D.D.S.
Gytis Udrys, D.D.S.

CONTRIBUTING AUTHORS

Sabiha S. Bunek, D.D.S.

EXECUTIVE TEAM

Jackie Farah, M.A.Ed.
Annette M. Frederick
Heidi L. Graber
Jennifer Kalasz
Pari Karani, M.S.
Tony Malmsten
Tricia G. Price
Nelson Williams
Mary E. Yakas, B.A., CMC
Ron Yapp, M.S.

PUBLISHER

Dental Consultants, Inc.

Please send inquiries and address changes to:

THE DENTAL ADVISOR,
3110 West Liberty, Ann Arbor, MI 48103
Call: 800.347.1330 • 734.665.2020
Fax: 734.665.1648
Email: info@dentaladvisor.com
Website: www.dentaladvisor.com

No unauthorized duplication or reprints may be made. Inquiries concerning duplication may be directed to the publisher. Copyright ©2010, Dental Consultants, Inc. All rights reserved. Printed in the U.S.A. (ISSN 0748-4666) by Print-Tech, Inc.

This publication is printed on paper that is 50% recycled and has 25% post-consumer content.

Digital Impressions



Dr. John W. Farah



Dr. John M. Powers



Dr. Lori K. Brown



Dr. Sabiha S. Bunek



Dr. Santine Anderson



Chris Brown

Q Dr. Powers: How will digital impressions enhance one's practice?

A Dr. John Farah: Initially, digital impressions can take as much or more time than traditional impressions. However, the real time saving is in the precise fit of the final restoration and fewer incidents of remakes. Our clinical experience and research shows that seating/adjustment time is reduced by about 1/3. As dentists gain experience, the scanning time is reduced and in some cases digital impressions can be faster than traditional impressions.

Refer to THE DENTAL ADVISOR Research Report #22, June 2009: Comparison of the Fit of Crowns: 3M ESPE Lava Chairside Oral Scanner C.O.S. vs. Traditional Impressions (<http://www.dentaladvisor.com/publications/research-reports/index.shtml>)

Q Dr. Powers: What is the difference between digital impressions and CAD/CAM?

A Dr. Lori Brown: There are four systems currently on the market (*3M ESPE Lava Chairside Oral Scanner C.O.S.*, *CEREC AC*, *E4D Dentist*, and *iTero*) that allow the dentist to take a digital impression in place of a traditional elastomeric impression. CAD/CAM (computer-aided design/computer-aided manufacturing) refers to the fabrication of the restoration. *CEREC AC* and *E4D Dentist* offer the option of in-office design and milling. Many dental laboratories are also integrating CAD/CAM technology to produce restorations from a variety of materials.

Q Dr. Powers: There is confusion among clinicians because both Sirona Dental Systems and D4D Technologies offer in-office and, more recently, lab services. Can you help differentiate the two services?

A Dr. Sabiha Bunek: If you own a mill with either *CEREC AC* or *E4D Dentist*, you have the ability to design and mill the restoration in your office. The other option is to send your digital impression to a participating dental laboratory. *E4D Sky* allows you to send the file to be designed at *D4D Technologies* and sent back to the mill in your office or have the entire restoration completed at the laboratory. *CEREC Connect* gives the option for a lab to design and fabricate your restoration, ordering a model if necessary.

Q Dr. Powers: What are some clinical considerations in capturing digital impressions?

A Dr. Santine Anderson: The most important factor is clear visualization of your margin. The intraoral scanner can only capture what you show it. Properly managing the tissue and exposing the margin readily capture clear accurate images. The most effective way to accomplish this is by placing supragingival margins. In many cases, the margins must be placed subgingivally and tissue management becomes important. Improved visualization can be accomplished by removing soft tissue with a laser or retracting tissue away from the margin using gingival retraction paste (*Traxodent® Hemodent™ Paste Retraction System*, Premier Dental Products Co.; *Hemostasyl*, Kerr Corporation; *Expasyl® Temporary Gingival Retraction System*, Kerr Corporation) or packing cord.



Expasyl (Kerr Corporation)

Gingival Retraction Paste	Retraction Cord	Diode Laser
Minor inflammation	Moderate inflammation	Severe inflammation
Place <i>Expasyl</i> or <i>Traxodent</i>	Pack cord	Trough with laser
Rinse/Remove	Powder (CEREC AC & Lava C.O.S.)	Peroxide
Powder (CEREC AC & Lava C.O.S.)	Scan	Powder (CEREC AC & Lava C.O.S.)
Scan		Scan

Q Dr. Powers: Why is there such a cost difference between 3M ESPE Lava Chairside Oral Scanner C.O.S. and iTero, and CEREC AC and E4D Dentist?

A Mary Yakas: 3M ESPE Lava Chairside Oral Scanner C.O.S. and iTero are strictly digital impression systems (scanner only). Whereas, CEREC AC and E4D Dentist are complete CAD/CAM systems - the higher price reflects the price of the mill. However, with the introduction of E4D Sky (D4D Technologies) and CEREC Connect (Sirona Dental Systems), both companies now provide an option to purchase the scanner only, which brings down the cost. Some doctors are finding a need to have both the ability to mill in office as well as utilize a remote option, depending on the type of restoration being fabricated.

Q Dr. Powers: What additional costs are involved with digital impression systems?

A Mary Yakas: Depending on the type of restoration being fabricated, traditional lab fees will apply. In addition, the scan fee will be charged to the office, and a model charge may also be applied. Additional costs of a digital impression will include a powdering medium in the case of the 3M ESPE Lava Chairside Oral Scanner C.O.S., as well as proper anti-reflective and retraction devices.

	Scan Fee	Model Fee*	Other Fees
Lava C.O.S.	\$16-20/scan	\$16-30	Powder (\$19/bottle)
iTero	\$25/quarter arch \$35/full arch	\$18-31	Disposable sleeves (\$2.50 each)
CEREC Connect	\$25 (fee waived with acquisition system)	\$22 flat fee	

*Model fees may vary based on case size and monthly volume

Q Dr. Powers: How do most dental laboratories feel about digital impression technology?

A Chris Brown: There is always a little apprehension at first, but after delivering case after case with excellent fit, and the speed at which they are able to process cases, they quickly embrace the technology. I believe we have only scratched the surface of where this technology can take the industry!

Digital Impressions

Q Dr. Powers: How are dental laboratories working with digital impression systems?

A Chris Brown: Depending on the system, the size of the laboratory and production, some are investing in their own milling systems, others are buying design software, and still others outsource the handling of the digital files. There are many different entry points depending on what makes good business sense for the laboratory.

Q Dr. Powers: What is the number one obstacle that clinicians face when trying to implement new technology such as digital impressions in their offices?

A Dr. Sabiha Bunek: The number one obstacle clinicians face is the commitment of the entire staff to integrate this new technology into their practice. The more excited the team is about the system and its potential, the more successful the integration will be. Any form of new technology carries a learning curve; however, with good initial training and strong leadership from the doctors, the team can easily learn to make digital technology part of their daily practice. Every one will then benefit from the precision and accuracy of this technology.

Training and Support The following is included in the purchase price for each system:	
CEREC AC	Two-day basic training course offered at over 21 locations and \$1000 voucher for advanced training with an instructor. Comes with two-year warranty, onsite, telephone and remote chairside service is available.
E4D Dentist	Two-day training for the dentist and an assistant at the E4D training center in Richardson, Texas (includes airfare, tuition, and accommodations). This is required prior to delivery. In addition, there is a one-day, in-office follow-up training for the whole team. A three-year warranty is included with no charge for software updates. Remote access allows SOS professionals to view scans, virtually operate design tools, upgrade software, and run diagnostic tests on the mill if needed.
Lava C.O.S.	Two-day in-office training for the dentist and team with follow-up training as needed. Additional training fee is \$1500 for the dentist. A one-year warranty is included. After the first year, for a fee of \$150/month there is unlimited telephone, network, and remote-in service and software upgrades.
iTero	Two-day, in-office training for the dentist and team with live patients followed by a one-day follow up in-office training. It comes with a 90-day warranty that can be extended for one-three years for \$150/month. Software updates are available every two-three months at no charge. Telephone remote chairside and on-site support are available

Q Dr. Powers: Are there shortcomings of digital impressions?

A Dr. John Farah: Not every case can be digitally scanned. Deep subgingival margins can be recorded more easily with a traditional impression. The same applies in situations where a dry field is difficult to obtain. Additionally, in large cases involving multiple teeth, digital impressions can be more time consuming.

Q Dr. Powers: With the E4D Dentist, you are able to scan an elastomeric impression. When can this be advantageous?

A Dr. Santine Anderson: Regardless of the manufacturer, scanning in the mouth can be very difficult, if not impossible, at times. This may be a result of limited opening, difficult areas to access or excessive salivary flow. Rather than fight to capture an image or elect not to use the system, E4D Dentist offers the unique ability to scan from an impression. The software inverts the image to create a working model for the operator.

Q Dr. Powers: Do you think the use of digital impressions will replace the use of traditional impressions in the future?

A Dr. Lori Brown: Digital impressions are useful tools in the dental office, but they will never totally replace traditional impressions. As with many procedures, it is desirable to have options. The dentist needs to assess each case individually and then choose the best method of obtaining an impression. Right now digital impressions are an option for crown and bridge procedures but are not practical for study models, bleaching trays, orthodontic appliances or removable prosthetics.

Q Dr. Powers: Are digital impression systems reducing costs for laboratories and doctors?

A Chris Brown: I am not sure that we are seeing a significant cost savings yet, but we are definitely seeing laboratories being more productive by outsourcing certain labor-intensive tasks. As case volume increases, I think you will see cost savings.

	3M ESPE Lava Chairside Oral Scanner	iTero	CEREC AC	E4D Dentist
PATIENT CONDITIONS				
Deep Sub-Gingival Preparation				
Heavy Salivator		✓		✓ (scan impression)
Small Mouth or TMJ/TMD	✓		✓	✓ (scan impression)
Gagger	✓	✓	✓	✓
MATERIAL CHOICE				
PFM/ Gold	✓	✓	✓ (via CEREC Connect)	✓ (via E4D Sky)
Lithium Disilicate (IPS e.max)	✓	✓	✓	✓
Leucite-reinforced Glass-Ceramic (IPS Empress)	✓	✓	✓	✓
Zirconia	✓	✓	✓ (via CEREC Connect)	✓ (via E4D Sky)

**What's New in Digital
Impression Systems
(Intraoral Scanner Only)**

IODIS
(Clon 3D)

Densys3D MIA Intra-oral scanner
(densys3D LTD)

IOS FastScan
(IOS Technologies)



iTero
(Cadent, Inc.)



CEREC AC
(Sirona Dental Systems)



E4D Dentist
(D4D Technologies)

3M ESPE Elipar S10 + + + + +

3M ESPE
800.634.2249
www.3mespe.com

Description

Elipar S10 is an LED curing light that has a 10 mm light guide that rotates 360°. The exterior is stainless steel, for easy disinfection between patients and is resistant to discoloration and staining from disinfectants and dental materials. The unit offers cordless portability with 60 minutes of curing time from a fully-charged battery (approximately 360, 10-second cures) with a 90-minute recharge time. The **Elipar S10** produces 5-second curing of composites shade A3 and lighter¹. **Elipar S10** offers preset cure times of 5, 10, 15, 20, and 120 seconds, plus a one-second tack-cure mode that allows removal of excess cement. **Elipar S10** has an intensity of 1200 mW/cm², providing up to 50% more optical power and up to 80% more curing surface than many common lights. **Elipar S10** was used by six consultants in 1255 cases. **Elipar S10** received a 97% clinical rating.

Suggested Retail Cost

- \$1499

Product Features

Elipar S10 is an excellent light-curing unit with high ratings for ease of use, ease of stability in the docking station, ability to hold its charge, and ease of disinfection. The light guide rotates



Consultants' Comments

- ◆ "Easy to activate, easy to reach posterior areas, easy to clean."
- ◆ "Cures everything."
- ◆ "Durable light - the housing is unbreakable."
- ◆ "Lightweight."
- ◆ "Unit gets warm."

freely, enhancing access in all areas of the mouth. The buttons are sensitive and only require a light touch for activation. The only drawback was that the unit gets warm during use. Eighty-three percent of consultants reported that **Elipar S10** was better, whereas 17% reported it was the same as their current light-curing unit. Eighty-three percent would switch and 100% would recommend it.

Editors' Note: ¹A list of tested composites is available from 3M ESPE at the following dedicated website: www.3MESPE.com/EliparS10. ■

KENDA BIG JOB + + + + 1/2

Kenda AG
+423 388 23 11
www.kenda-dental.com

Description

KENDA BIG JOB is a one-step composite polishing system for single patient use. It is designed for fine surface polishing of single and multiple composite restorations. **KENDA BIG JOB** consists of silicone rubber and aluminum oxide with shanks made of medical plastic. They are for use in a RA latch handpiece at 5,000 rpm with a water spray. The polishers are provided in kits including four of each of the three shapes (disk, cup and point) as well as packages of 6, 12, 25 and 100, in each shape. **KENDA BIG JOB** was used 411 times by 20 consultants. It received a 91% clinical rating.

Suggested Retail Cost

- \$20.60/package of 12

Consultants' Comments

- ◆ "I liked the easy, convenient packaging and that it is a single patient use disposable item."
- ◆ "The cup and point shapes worked best on the occlusal surfaces of posterior restorations."
- ◆ "Fit to handpiece was awesome; great durability; shapes are useful."
- ◆ "Final finish was acceptable for posterior restorations; however, I would like a better surface finish and gloss in esthetic areas."

Product Features

Consultants liked the variety of shapes of **KENDA BIG JOB**, and noted that the polishers maintained their shapes well during the procedure from start to finish and adapted well to the tooth. For a disposable polisher **KENDA BIG JOB** is very durable. The single-step polisher did a good job of smoothing composite surfaces. The quality of the final polish was smooth but not extremely glossy, yet *continued on pg 7*

Novalar Pharmaceuticals, Inc.

858.436.1100

888.888.1441

www.OraVerse.com

Description

OraVerse is a local anesthesia reversal agent that accelerates the return to normal sensation and function for patients after routine dental procedures. It is a formulation of phentolamine mesylate and is recommended for adults and children age 6 and older and weighing 33 lbs or more. **OraVerse** is dispensed in a standard dental cartridge marked with a green label for ease of identification. It is administered by injection with a standard dental syringe in the same injection site as that used for the local anesthetic. **OraVerse** is used in a 1:1 ratio to local anesthetic. Each package includes 10, 1.7mL cartridges and prescribing information. **OraVerse** was used by 16 consultants in 128 cases. Seventy-five patients responded to surveys. **OraVerse** received a 93% clinical rating.

Suggested Retail Cost

- \$130.00/Box of 10 Cartridges (\$13/Cartridge)
- \$650.00/Box of 50 Cartridges (\$13/Cartridge)

Product Features

Consultants commented that **OraVerse** was easy to use and effective. Cartridges are well marked to differentiate it from anesthetic. Consultants reported that some patients experienced more soreness or bruising from the additional injection. Most of the patients responded that numbness wore off quickly - within an hour - and they tolerated **OraVerse** well. Ninety-three percent of patients surveyed felt that **OraVerse** was effective at lessening the amount of time they were numb. Eighty-four percent of patients reported that **OraVerse** improved their dental experience and they would request it again. Seventy-five percent of consultants would continue to use **OraVerse** in their practice and 94% would recommend it.

Clinical Tips

- Ratio is 1:1 – use one cartridge of **OraVerse** for each cartridge



Consultants' Comments

- ◆ "It really works! I found that patients responded very well and loved that the numbness wore off faster than normal."
- ◆ "Patients appreciated having an option to reverse the effects of anesthetic."
- ◆ "I had patients report that the injection sites were more sore, tender and sometimes bruised due to an additional injection."

Patients' Comments

- ◆ "The best dental invention ever!"
- ◆ "Numbness was wearing off within 25 minutes and was totally gone by 35 minutes."
- ◆ "I had less drooling and cheek biting."
- ◆ "I had soreness at the injection site the next day."

of anesthetic.

- The maximum recommended dose of **OraVerse** is two cartridges in patients age 12 or greater, one cartridge in children age 6-11 years and weighing over 66 lbs, and one half cartridge in children 6-11 years and weighing 33 to 66 lbs.
- **OraVerse** is not indicated in children under 6 years of age or weighing less than 33 lbs.
- Do not use after invasive procedures such as endodontic treatment or surgery, where post-operative discomfort is anticipated. ■

KENDA BIG JOB + + + + ½

continued from pg 6

was perceived as smooth to patients. Care must be taken to avoid abrading the soft tissue with the polisher. Twenty-five percent of consultants reported that **KENDA BIG JOB** was better than their current polishing system; 40% reported this product was equivalent to their current polishing system. Thirty-five percent would switch and 60% would recommend this product.

Clinical Tips

- Start with more pressure from high to low – use with water.
- **KENDA BIG JOB** can be autoclaved if contaminated. ■

Safe 'n' Sure Deluxe + + + +

Flow Dental
631.242.XRAY
www.flowdental.com

Request a Sample:
Visit www.dentaladvisor.com to request
a sample or more information!



Description

Safe 'n' Sure Deluxe PSP envelopes are designed to protect phosphor plates and prevent exposure to light. The envelopes allow the clinician to visually confirm the direction of the phosphor plate with the integration of clear vinyl on one side and black vinyl on the other. The *EZ-Glide* tab acts as a funnel allowing the plate to slide in easily - the tab peels off and the envelope is then sealed. **Safe 'n' Sure Deluxe** is available in 300-count boxes in sizes 0, 1, 2, and 3. Special features include tear-away seams for plate removal and *EZ-Glide* tab. **Safe 'n' Sure Deluxe** was evaluated in over 1090 uses by 11 consultants. It received a 90% clinical rating.

Suggested Retail Price

- \$44.00 /300 envelopes

Product Features

Offices utilizing phosphor plates for digital x-ray images repeat the task of inserting and removing the plates from protective barriers numerous times every day. **Safe 'n' Sure Deluxe** rated highly for ease of inserting the plates into the envelope and ease of sealing



Consultants' Comments

- ◆ "It was very quick to get the barriers on and off."
- ◆ "It was easy to seal the packet."
- ◆ "Great product."
- ◆ "Bolden the score mark for easier opening."

the envelope. Removing the plate for digital processing was fairly easy by tearing open the center seam. Some consultants requested that it be made even easier to open. The design of the envelopes allows processing without touching the plate. Seventy percent of consultants felt that **Safe 'n' Sure Deluxe** was better than their current barrier envelope, 70% would switch, and 70% would recommend it. ■

Lubricoat + + + +

DUX Dental
800.833.8267 - 805.488.1122
www.duxdental.com

Description

Lubricoat is a petroleum-free, silicone-based emollient intended to prevent dental materials from sticking to hands and lips. **Lubricoat** may also be used on lips for increased patient comfort. **Lubricoat** has a hot pink color with a soothing wintergreen fragrance. It is safe to use with all types of gloves. **Lubricoat** is supplied in a 40-g jar. **Lubricoat** was used by 25 consultants in 614 cases. It received an 86% clinical rating.

Suggested Retail Cost

- \$13.49/ 40g jar

Product Features

Most consultants who evaluated **Lubricoat** had been using a petroleum-based product, and they reported that **Lubricoat** was an improvement. It lasts longer than many other products and works best when applied in a thin coat. Most patients liked the scent and taste. Fifty-two percent of consultants reported that **Lubricoat**



Consultants' Comments

- ◆ "Was not as greasy as what I use now."
- ◆ "Easy to use and easy to clean."
- ◆ "Patients liked the feel and smell."
- ◆ "Left lips feeling waxy."
- ◆ "Too thick—not easy to apply evenly."
- ◆ "I would like it in a tube rather than a jar."

was better than their current petroleum-based emollient. Fifty-six percent would switch to it and 64% would recommend it. ■

Better Faster Cheaper (BFC) Syringe + + + +

Ho Dental Company
702-430-9847 • 866-430-3718
www.hodentalcompany.com

➤ EXCLUSIVE REVIEW

Request a Sample:

Visit www.dentaladvisor.com to request a sample or more information!



Description

Better Faster Cheaper (BFC) Syringe is a disposable syringe for mixing and dispensing light-body impression material, high-viscosity cements and temporary materials from a standard cartridge. The syringe is designed to avoid wasting material that is typically left in a standard mixing tip. The **BFC Syringe** features a small, angled intraoral tip designed to provide control and access to tight and hard-to-reach areas, to allow direct access to the entire sulcus and to minimize bubbles at the margin. The syringe can be pre-loaded with material before the patient appointment. For this evaluation, **BFC Syringe** was used by 12 consultants to mix and dispense impression material in 200 cases. **BFC Syringe** received an 86% clinical rating.

Suggested Retail Cost

- \$65.00/100 syringes

Clinical Observations

Manufacturer's Instructions/Ease of Loading Syringe

Manufacturer's instructions were easy to follow. Editors reported that it was easy to fill **BFC Syringe** from large automix cartridges. It is important to leave some unfilled space in the syringe in which to seat the plunger.

Convenience of Pre-loading and Storing Material/Quality of Material after Storage in Syringe

Once the syringe is filled, the base and catalyst remain separate. The syringe is well sealed, and the quality of material after storage in syringe received a fair rating.

Ease of Removing Tab for Use/Mixing of Material

A tab prevents material from being accidentally mixed by blocking the mixing tip. The tab is fairly easy to remove. Consultants liked the quality of mixing.

Ease of Use/Ability to Control Placement of Material/Ease of Accessing Hard-to-reach Areas

Consultants liked the quality of mixing, ability to access hard-to-reach areas and ability to control placement of material. **BFC Syringe** is small and lightweight and considerably easier to maneuver than a large automix cartridge. Overall, the syringe is convenient and easy to use and control due to its small size.

Lack of Air Bubbles in Material

Some Editors reported air bubbles incorporated in the mix. Bubbles can be trapped in the impression material dispensed from the original cartridge. The **BFC Syringe** allows the air bubbles to be seen before injecting impression material into the preparation.



Consultants' Comments

- ◆ "Easy to place impression material intraorally - less waste and less expensive than traditional mixing tips."
- ◆ "Small syringe allows better access into the mouth; the angle allows better access to the teeth."

Lack of Material Wasted

It takes some experience to know how much impression material to load into the **BFC Syringe**. Editors reported less waste of impression material compared to traditional mixing tips. The amount of plastic used in the **BFC Syringe** is similar to that used in a traditional mixing tip plus intraoral tip.

Time Saving (Lack of Messy Clean-up)

Using **BFC Syringe** is a little more time consuming than directly using an automix cartridge for a single impression. It is most efficient to pre-load multiple syringes before patient appointments.

Capacity of Syringe

Each syringe holds enough light body impression material for approximately two to three teeth.

Perceived Cost Savings with Use of Syringe

Many consultants were impressed with the cost saving compared to standard mixing tips and intraoral tips.

Overall Rating of BFC Syringe

Twenty-five percent of Editors reported that **BFC Syringe** was better, whereas 42% reported it was equivalent to their current syringe. Thirty-three percent would switch and 42% would recommend it.

Clinical Tip

- Pre-load some syringes before patient appointment with different amounts of impression material for single and multiple preparations. ■

Hu-Friedy
1-800-483-7433
www.hu-friedy.com

Description

Team Vista is indicated to provide continuous cleaning of dental waterlines associated with delivery units utilizing independent water bottles. This is a complete waterline cleaning system which includes two products, *VistaTab* and *VistaClean*. *VistaTab* is a non-corrosive, antimicrobial tablet used for periodic cleaning and control of microbial contaminants in dental unit waterlines. *VistaClean* is a daily irrigant solution derived from organic citrus botanicals designed to protect waterlines and equipment from deposits and scale. *VistaTab* should be used approximately monthly, and it is important to purge all waterlines connected to the delivery unit, regardless of use, and to treat every independent water bottle (if more than one) in each operatory. The *VistaClean* drops are used every time the water bottle is refilled. Each complete kit is designed to provide a one-year supply per operatory to keep waterlines safer and cleaner. The manufacturer describes **Team Vista** as environmentally friendly, containing no heavy metals, non-toxic, with no odor, and having no negative effect on bond strength. It contains a one-ounce bottle of *VistaClean Irrigant Solution*, 15 *VistaTab Cleaner Tablets*, and instructions. **Team Vista** was evaluated by 10 consultants in over 534 uses. **Team Vista** received a 92% clinical rating.

Suggested Retail Cost

- \$199.17

Editors' Observations

Packaging/Manufacturer's Instructions

Consultants rated the packaging as good. The kit is comprehensive with both a daily irrigant and periodic antimicrobial cleaning tablet in one kit. **Team Vista** has clear directions that are easy to follow.

Amount of Product in Kit

Consultants noted that there was probably enough product for one year of treatment per water bottle, based on the amount of product used during this evaluation. The convenience of a complete kit was very important for over a third of the consultants - mainly for less ordering throughout the year.

Ease of Use/Ease of Incorporating into Office Routine

Only 57% of offices evaluating **Team Vista** were routinely using waterline cleaners and maintenance products. Having a product that is user-friendly for the staff is very important to consultants. **Team Vista** was easy to use and easy to incorporate into the office workflow. Daily drops are viscous, almost like a gel; therefore, complete mixing with water is important. Some consultants felt that the periodic cleaning treatment with *VistaTab* took too much time. Periodic cleaning involves purging all waterlines with



Consultants' Comments

- ◆ "Very easy to use, time efficient, and easy to incorporate into the office procedure."
- ◆ "Comprehensive kit - we used it daily and weekly for the past few months."
- ◆ "Patients have complained about a bitter after-taste."

air, running *VistaTab*/water solution through the lines and then running clean water through the lines. Some consultants noted foaming of the water when expressed from an air/water syringe. Consultants recommended filling the bottle with water first; then adding the drops (as the instructions recommend). The bottle should be empty before refilling.

Patient Response to Taste /Odor

Consultants reported that the initial treatment has a strong chemical vapor and recommended that staff wear masks. Patients occasionally complained about a bitter taste from the bottled water. The manufacturer recommends using fewer drops if any taste is noticed.

Effectiveness of Team Vista

The effectiveness of **Team Vista** was not tested in this evaluation, but consultants ranked this as the most important attribute of a waterline treatment product. THE DENTAL ADVISOR is currently performing efficacy tests on this product.

Team Vista Overall Rating

Forty-three percent of consultants reported that **Team Vista** was better than their current waterline cleaner and 14% reported it was equivalent. Forty-three percent would switch to **Team Vista** and 64% would recommend it.

continued on pg 11

Riva Light Cure + + + +

SDI (North America) Inc.
800.228.5166 • 630.238.8300
www.sdi.com.au

Description

Riva Light Cure is a fluoride-releasing, light-cured, resin-reinforced glass ionomer restorative material. It is indicated for Class I, II III, and V restorations; for restoration of primary teeth; core build-ups; root surface restorations; as a base or liner, pit and fissure sealant; and for semi-permanent fillings. It is available in shades A1, A2, A3, A3.5, A4, B2, B3, B4, C2, C4 and a bleach shade. It is available in capsules or powder/liquid kits. The kit evaluated included a kit of 50 Riva Light Cure in assorted shades; a 10 ml bottle of Riva Conditioner (polyacrylic acid); Riva Applicator 2; product literature; quick reference guide and instructions; and expanded instructions/MSDS. **Riva Light Cure** was used by 21 consultants in 480 cases. It received an 89% clinical rating.

Suggested Retail Cost

- \$180.65/50-capsule kit

Product Features

The large number of indications makes **Riva Light Cure** useful for many clinical conditions. Consultants found the material easy to work with and appreciated the variety of shades available. The light-cured feature allows control over working time and is an advantage over traditional glass ionomers. Overall, consultants liked the esthetics and choice of shades. Some consultants found the capsule difficult to activate. Forty-three percent of consultants reported that **Riva Light Cure** was better than and 38% reported it was equivalent to their current resin-reinforced glass ionomer. Fifty-two percent would switch and 76% would recommend this product.



Consultants' Comments

- ◆ "Very easy to use."
- ◆ "Homogeneous mix - adapts well to the tooth."
- ◆ "Light activated - easy to control working time."
- ◆ "Wonderful esthetics, especially for Class V restorations - good translucency."
- ◆ "Less sticky than traditional glass ionomers."
- ◆ "Capsule is hard to activate."
- ◆ "Make a thinner tip that is easier to bend to improve ease of placement."

Clinical Tips

- Use the conditioner to get optimal bonding.
- Wet your instrument with bonding resin for contouring or packing.

Editor's Note: Since the evaluation of **Riva Light Cure**, the manufacturer has developed an easier to activate and extrude capsule. ■



Team Vista + + + + 1/2

continued from pg 10

Clinical Tips

- Fill the bottle with water first; then add the drops. This helps **VistaClean** mix without settling in the bottom of the bottle.
- Completely empty the bottle before refilling.
- Reduce the number of drops of **VistaClean** to minimize foaming and bitter taste.
- Initial treatment has a strong chemical vapor - wear a mask.

Editor's Note: Use of distilled water only, in independent water bottle systems, does not prohibit growth of bacteria. Use of waterline cleaners and maintenance products can control microbial colonization. ■

Shofu Dental Corp.
800.827.4638 - 760.736.3277
www.shofu.com



Technique Videos:
Visit online at www.dentaladvisor.com
to view an Information Video on this product

Description

BeutiBond is a light-cured, self-etching, one component (7th-generation) bonding agent. Special features include dual adhesive monomers for bonding to enamel and dentin, single coat for shorter working time, and 5 um film thickness. Clinical use consists of: apply and leave for 10 seconds, air dry, gently for 3 seconds and then strongly, and then 10-second light cure. **BeutiBond** is packaged in 0.1 ml unit doses. Each box contains 50 unit doses and 50 fine microbrushes. **BeutiBond** was evaluated in 952 uses by 27 consultants. It received a 96% clinical rating.

Suggested Retail Cost

- \$132.50/Kit

Product Features

BeutiBond is conveniently packaged and the unit dose provides fresh material for each use. After snapping the top off of the container, the microbrush easily fits into the opening, even when bent. Each unit dose contains the equivalent of a single drop of liquid, enough for approximately three teeth. The low viscosity of the material wets the tooth well, leaving a very thin coating on the surface. Because it is crystal clear, it is not possible to visibly confirm application to all surfaces. Thirty-three percent of consultants felt that **BeutiBond** was better than their current



Consultants' Comments

- ◆ "Unit dose stands up on the counter with no leakage."
- ◆ "Bonding agent doesn't set prematurely in ambient light."
- ◆ "Excellent viscosity, easy to use."
- ◆ "Cap is hard to snap off."

bonding agent; whereas 56% rated it as the same. Fifty-nine percent of consultants would switch to **BeutiBond** and 96% would recommend it.

Clinical Tip

- Blow dry gently for 3 seconds and then strongly. ■

SPECIAL THANKS TO:

SENIOR CLINICAL CONSULTANTS:

• E. Alpert, CT • R. Anthony, OH • K. Baker, TX • R. Ciccone, MI • P. Esmond, NY • M. Evans, TN • R. Fisher, OH • G. Franco, NY • P. Grandsire, NY • K. Hamlett, TX • G. Hart, OH • R. Kaprielian, NJ
• E. Katkow, MD • L. Katkow, MD • C. Kehr, MI • E. Maitland, NJ • E. Mosso, PA • G. Mosso, PA • D. Peterson, MD • V. Plaisted, NY • T. Poirier, MI • W. Powell, TX • G. Poy, MI • G. Sayre, TX
• K. Schwartz, FL • B. Shumaker, NJ • B. Sims, NY • A.M. Thompson, NY • R. Trushkowsky, NY • L. Wee, MI

CLINICAL CONSULTANTS:

• M. Aksu, MI • A. Albright, NY • A. Alexander, PA • J. Allen, MI • J. Amara, CT • S. Anderson, MI • R.M. Arnett, MI • R. Averbach, CO • M. Bannan, MI • D. Barnes, MD • F. Berman, PA • M. Beyramian, MI
• L. Bishop, MI • T. Bizga, OH • J. Bostic, OH • D. Bowen, MI • R. Bozell, MI • M. Braverman, NY • L. Brimhall, MT • M. Briskin, NY • C. Brown, LA • L. Brown, MI • W. Brownscombe, MI
• H. Buckwald, NJ • J. Bush, PA • H. Cadorette, MI • Z. Campbell, MI • P. Campo, NY • M. Chaben, MI • D. Chacko, TN • S. Cheff, TX • R. Cherry, FL • P. Chiaravalli, MI • W. Co, MI • A. Colarusso, NY
• M. Conrad, PA • M. Cooks, MI • L. Covato, PA • K. Dancy, GA • M. Danner, IL • S. Dillingham, NY • J. Dingman, WI • J. DiPonziano, NJ • R. Donelli, NY • R. Dost, VA • J. Doueck, NY • M. Dwoskin, SC
• M. Eannaccone, NY • B. Eggart, AR • Dr. Michelle Elford, MI • R. Engle, IL • K. Fairbanks, MI • T. Faiver, MI • R. Fay, TX • N. Fehmi, MI • M. Feinberg, NY • L. Feldman, NJ • J. Fine, NJ • K. Fischer, IN
• M. Frankman, AZ • S. Galster, ND • D. Garber, CA • R. Gardner, MI • N. Garlisi, OH • L. Gee, OK • A. Giovanardi, MI • B. Goldsmith, NY • I. Goldstein, NJ • K. Goodman, MI • S. Graber, IL
• A. Gray, MI • B. Greenwood, UT • W. Gregory, MI • D. Griggs, OH • P. Gronet, GA • J. Grover, MI • B. Gursky, MI • E. Gutman, NY • D. Haas, Canada • H. Hamerink, MI • S. Harden, GA • A. Herrero, MI
• B. Herrmann, CA • R. Herwig, KS • M. Hewko, OH • J. Heys, MI • S. Hoekman, MI • S. Hondrum, GA • J. Hoste, MI • M. Hovel, WI • R. Humphries, MI • S. Hutt, NJ • P. Indianer, MI • G. Isaacson, NJ
• S. Isaacson, NJ • J. Jacobs, NY • J. Jaghab, MI • Alexandra Jaquer, MI • I.F. Jarjoura, MI • T. Jowett, KS • D. Juliani, MI • C. Kamin, OH • J. Kaminski, MI • D. Kaplan, NY • J. Karam, MI • M. Kastner, OH
• E. Kelly, GA • S. Kelly, OH • D. Keren, NY • J. Kim, NY • B. Klym, MI • J. Kostohryz, TX • J. Kotnour, WI • M. Kruscke, MI • S. Lever, MD • I. Levine, NY • R. Lezell, MI • R. Lieder, MI • M. Livernois, SC
• J. Lockwood, MI • M. Lodge, MI • M. Man, NY • B. Manne, FL • N. Mansour, MI • N. Markarian, CA • D. Marsh, MI • M. Mason, NY • R. Mason, NY • W. Mason, MI • J. Mayer, OH • C. McLaren, MI
• J. McLaren, MI • M. McMullin, MI • J.R. Meagher, NY • M. Migdal, MI • J. Mikesell, IL • C. Miller, PA • S. Miller, NV • R. Mizrahi, NY • L. Montes, NY • D. Montgomery, CA • P. Moratto, MD
• M. Morin, MI • S. Munro, WI • W. Nagy, TX • J. Nash, MI • A. Nazarian, MI • N. Nealis, IL • L. Neuberger, ND • C.J. Noe, MD • P. Nolan, MI • E. Odenweller, OH • R. Oshrain, NY • J. Paris, TX
• D. Parris, GA • D. Parsons, NY • M. Patel, MI • T. Paumier, OH • L. Perratto, NY • S. Picazio, NJ • T. Pieper, WY • D. Pietz, NC • W. Piskowski, MI • D. Pitak, MI • S. Pomerance, MI • D. Powers, MI
• L. Pozarny, NY • C. Price, TX • D. Qualliotine, NC • G. Raichelson, Canada • C. Ramsey, FL • S. Ratner, NY • R. Reichl, GA • G. Reskakis, NY • C. Rice, MA • A. Ridall, TX • J. Riggs, MI • M. Rogers, PA
• W. Roper, TX • F. Ross, WI • K. Ross, MI • K. Rowan, MO • R. Sambuchi, MI • P. Sandvick, WI • D. Schimmel, PA • G. Schultz, PA • J. Sedlock, WI • M. Shapiro, MI • J. Shea, MO • J. Sinkwits, MI
• J. Smith, MI • R. Smith, NY • S. Smith, FL • M. Sonne, MI • J. Spingarn, FL • S. Steedman, WA • R. Stevenson, MI • W. Stevenson, MI • K. Stoffers, MI • D. Stutman, NY • K. Swearingen, OH
• M. Sylvester, CA • P. Symeonides, NY • J. Tabash, MO • H. Teralman, OH • V. Thompson, MI • F. Tom, MA • R. Tonelli, WI • G. Trompeter, MI • C. Trubschenck, CA • P. Tu, CA • S. Ura, NH • J. Uress, MI
• H. Vann, MS • W. Walcott, MI • L. Walsh, MI • M. Waranowicz, MI • M. Warshanna, MD • R. Wilkie, MI • S. Williams, MO • R.G. Willis, SC • K. Wilson, MI • R. Wolf, IN • P. Yaman, MI • H. Yeung, CA
• D. Young, NY • M. Young, MI • M. Zahn, MI • J. Zanetti, MI • P. Zanetti, MI • G. Zann, FL • S. Zimmer, MI

LABORATORY CONSULTANTS:

• Apex Dental Milling, MI • Bullinger Dental Lab, MI • Centric Dental Laboratory, TX • Cornerstone Dental Studio, Inc., MI • David's Dental Laboratory, NY
• Expertec Dental Lab, MI • Heritage Dental Laboratory, IL • Nellmar Laboratory, LLC, MI • Technique Crown and Bridge, Inc., NC