

THE DENTAL ADVISOR™

“Improving Patient Care Through Research & Education”

Sept 2010

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

RATINGS

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



Photography by Lori Brown

Update on Implants

Dental implant treatment has become an increasingly popular treatment modality for many dentists, dental specialists, and their patients. The field of implant dentistry continues to grow as clinicians embrace the new technologies and the growing array of new implant designs and concepts.

This issue of THE DENTAL ADVISOR discusses innovations in implant design/ systems, indicates differences between small and wide diameter implants, and answers common questions we receive from our readers. Implant cementation is also reviewed.

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Update on Implants

Innovations in Implant Design

There are many different implant manufacturers and subsequent implant companies and designs. To set a particular implant company apart from their competitors, there is a need to continually develop and improve on current implant designs and concepts. Below is a list of a few of the main dental implant manufacturers and their newest implant designs and developments.

3M ESPE MDI Mini Dental Implant System

3M™ ESPE™ (formerly **IMTEC**) **MDI** mini dental implants are clinically proven and FDA accepted for long-term denture stabilization use. Clinicians can immediately stabilize a patient's loose denture with a 90-minute, flapless procedure after a one-day MDI certification course.

BioHorizons - Laser Lok 3.0

Laser-Lok 3.0 is a two-piece 3 mm implant designed specifically for limited spaces in the esthetic zone and comes with a broad array of prosthetic options.

Biomet 3i - Encode® Impression System

This system allows clinicians to restore implants without the use of impression copings. The clinician simply makes a supragingival impression of the *Encode Healing Abutment*, sends it to the laboratory and in return, receives a patient specific or stock abutment with a restoration ready for cementation.

Nobel Biocare - NobelActive Implant

NobelActive is a dental implant featuring a unique, innovative body design and prosthetic connection, while offering primary stability.

Straumann - Roxolid Implant

Roxolid™ is an alloy of titanium and zirconium and is the first material to be designed specifically for dental implants. It allows for the development of smaller and stronger dental implants.

Zimmer - 3.0 mm One-Piece Implant

The **Zimmer® One-Piece Implant** combines the design features of the renowned *Tapered Screw-Vent® Implant* with the prepared margins of the *Hex-Lock® Contour Abutment* - offering a unique, one-piece solution for immediate restoration in tight interdental spaces.

Astra Tech

509 Lincoln Street, Waltham, MA 02451
800-531-3481
www.astratechdental.com
customerservice.us@astratech.com



Atlantis™ Abutments –

for all major implant systems

Atlantis™ patient-specific abutments are available for all major implant systems and in a full range of materials, offering flexibility and simplicity for all clinicians.. Through the use of 3D scanned imaging and proprietary Atlantis VAD™

(Virtual Abutment Design) software, Atlantis Abutments are uniquely designed based on the final tooth shape for optimized function and esthetics.



Small and Mini Diameter Implants

Over the last decade, small and mini diameter implants have gained popularity. Diameters of mini dental implants are typically between 1.8-2.5 mm, and small diameter dental implants have diameters in 3 mm range. Both implant designs are being used for overdenture stabilization and for edentulous spaces too small for conventional implants.

More recently, small and mini diameter implants have been used for denture stabilization in elderly patients. Indications for use are severely resorbed ridges, low occlusal stresses, patient not wanting bone grafting, and when the patient cannot afford standard diameter dental implants. It is recommended to place a minimum of four small or mini diameter implants in the mandible and six in the maxilla.

	Mini Diameter	Small Diameter	Standard Diameter	Wide Diameter
Diameter	1.8-2.5 mm	~3 mm	3-5 mm	>5 mm
Indications	Mandibular Incisors, maxillary laterals, overdentures		All teeth	Molars
One or two piece	One piece		2 piece (implant and abutment are separate)	

Q What are the indications of one-stage vs. two-stage implant surgery?

A There are two different surgical approaches when placing dental implants. With the one-stage approach, the dental implant and the healing abutment are placed at the same time. With advances in dental implants design, the one-stage approach is typically used whenever possible, particularly when good primary stability is achieved. The two-stage approach involves the implant being placed with a cover screw submerged under the tissue. The two-stage approach requires a second surgery to uncover the implant and place a healing abutment. The two-stage approach is often used when bone or soft tissue grafting is required or when placed under a denture or removable partial denture to protect the implants while osseointegration occurs. Below is a table comparing one- versus two-stage surgical approaches.

	One-stage	Two-stage
Implant Placement		
Second surgery	None needed	Needed to place healing abutment
Indications	Sufficient bone for good primary stability	Bone/tissue grafting needed
Advantages	Only one surgery	Tissue augmentation and bone grafting easier
Disadvantages	Possible overloading	Two surgeries

Q What are some indications for immediately placed implants?

A Immediate implant placement refers to the placement of an implant into a fresh extraction socket. This treatment option offers significant benefits to the patient, including fewer surgeries, reduced overall treatment time, decreased patient discomfort and anxiety, and higher patient acceptance rate. Immediate implant placement also eliminates the need for socket preservation but often requires bone grafting at the time of implant placement. However, it is important to note that all patients are not good candidates for this option. Careful case selection is key.

Update on Implants

Case Selection for Immediately Placed Implants

Indications	Contraindications
Tooth loss, with little bone loss and no exudate/infection at time of extraction	Tooth loss caused excessive bone loss or exudate/infection present at time of extraction
Short, narrow tooth (sufficient bone for primary stability)	Large tooth, long tooth, sinus pneumatization (insufficient bone for primary stability)
Healthy and adequate soft tissue	Inflamed soft tissue

Q What is the difference between a bone level and tissue level implant?

A Bone level implants end at bone crest and have rough surfaces from top to bottom. Tissue level implants end at the soft tissue level and have a rough surface from the bottom to the crestal bone height and then a smooth surface through the soft tissue. The innovative concept of bone level implants allows predictable highly esthetic results. The bone level implant allows consistent emergence profiles. Placing a healing abutment, temporary restoration, and final prosthesis with the same emergence profile facilitates proper soft tissue development and superior esthetics for anterior restorations. Tissue level implants placed in anterior sites may lead to (1) pocketing if placed too deep or (2) metal showing if not placed deep enough. Also, bone level implants placed in posterior locations may be harder to restore due to the implant level impression being required.

	Tissue Level	Bone Level
Indications	Molars and sometimes pre-molars	Esthetic areas, limited inter-occlusal spaces
Advantages	No micro-gap	Flexible soft tissue management, increased esthetics

Q Which is a better option – a screw-retained or a cement-retained prosthesis?

A The decision between whether to use screw- or cement-retained implant prostheses has been debated for many years. While there is no clear answer on which is best, an understanding of the indications and drawbacks of each technique will help the clinician in selecting the ideal prosthesis.

The major difference between screw-retained and cement-retained restorations is that a screw-retained prosthesis can be retrieved by the clinician, while the cement-retained restorations cannot. Retrievability is important if the clinician needs to retighten bridge or abutment screws or replace failed or fractured components. While retrievability is a great benefit, many clinicians feel the final restoration of a screw-retained prosthesis is esthetically compromised because of the screw access opening.

More clinicians are moving toward the cement-retained implant prosthesis because it is most similar to conventional crown and bridge and is more esthetic. The biggest drawback of cemented restorations is leaving excess cement subgingivally, which can result in gingival inflammation and bone loss around the implant.

Some indications to use screw-retained prostheses are:

- in areas where the crown margin will be submerged deeply and it would be difficult to cleanup excess cement,
- situations where you need more retention (short abutments or limited interocclusal space), or
- in certain multi-unit cases where the path of insertion would be difficult to obtain with a cementable prostheses.

Clinical Tips

- The fit between an implant abutment and implant crown is very intimate. Therefore, little cement is required.
- Though permanent cements are being used more often for retaining crowns and implant abutments, many practitioners prefer temporary cements in the event that they would need to reach the implant or abutments. The table highlights temporary cements that can be used with implant systems.

Temporary Cements

There are a number of temporary cements based on resin or non-eugenol zinc oxide formulations available for crown and bridge applications, but only a few of these cements are recommended by the manufacturer for implant cementation. Cements recommended for implant cementation are **PowerTemp** (J. Morita USA, + + + +, 87%), **Premier Implant Cement** (Premier Dental Products, + + + + 1/2, 91%), **Telio Link** (Ivoclar Vivadent), and **TempoSIL2** (Coltene/Whaledent).

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

Description

MI Paste Plus™ is a water-based crème containing **RECALDENT™** a milk derivative, (CPP-ACPF - casein phosphopeptide-amorphous calcium phosphate fluoride) with incorporated fluoride to aid in tooth remineralization and caries prevention. **MI Paste Plus** is indicated for use as a topical treatment in the following types of patients: high-caries risk, xerostomia, orthodontics, post-bleaching, oncology, pediatric, and high plaque/special needs. **MI Paste Plus** is designed to provide extra protection for teeth and neutralize acid challenges from acidogenic bacteria in plaque and other internal and external acid sources. **MI Paste Plus** may be used in-office in a tray or applied with a swab, gloved finger, or an interproximal tooth cleaning brush. It can also be sent home with the patient for at-home application. **MI Paste Plus** is available in Strawberry, Melon, Vanilla, Mint, and Tutti Frutti flavors in assorted and single-flavor packages of Mint and Vanilla. **MI Paste Plus** is the only product for professional use containing **RECALDENT™** enhanced with 900 ppm sodium fluoride. One case contains ten 40 g tubes and professional instructions for use. **MI Paste Plus** was used by 33 consultants in 795 cases. It received a 97% clinical rating.

Suggested Retail Cost

- \$148.50/box of 10, 40-g tubes of assorted flavors
- \$148.50/box of 10, 40-g tubes – vanilla flavor only
- \$148.50/box of 10, 40-g tubes – mint flavor only

Product Features

Consultants used **MI Paste Plus** for a variety of clinical indications during this evaluation. The paste is creamy and easy to apply in-office or by patients at-home. Hygienists applied **MI Paste Plus** to root surfaces before scaling and received excellent feedback from patients regarding reduction in sensitivity. It also worked very well for reducing hypersensitivity for some patients who used it at-home. Patients appreciated having a variety of flavors from



Consultants' Comments

- ◆ "Good consistency for spreading on the teeth."
- ◆ "I had high patient compliance."
- ◆ "I had great results in recalcifying white spots by etching them and applying MI Paste Plus."
- ◆ "Product is messy - a little thin for use outside of trays. Some patients didn't like the flavor."
- ◆ "Allow dentist to write prescription for patient to purchase the product at a pharmacy."

which to choose - all flavors are mild and creamy and were well tolerated. Sixty-seven percent of consultants reported that **MI Paste Plus** was better than their current topical desensitizing paste and 30% reported it was equivalent. Eighty-five percent would switch to it and 97% would recommend it.

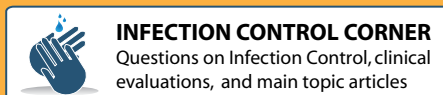
Clinical Tips

- Avoid use in patients with allergies to milk (casein) protein or benzoate preservatives.
- **RECALDENT™** (CPP-ACP) is milk derived with lactose content less than 0.01%.
- At-home application can be either clean finger application or custom tray.
- **MI Paste Plus** can be left on overnight.
- Stress to patients the benefits of long-term use. ■

Infection Control Corner – John A. Molinari, Ph.D.

Q: Is Hepatitis B still a problem in dentistry?

A: The success of vaccination and use of standard precautions patient care have significantly decreased the risks and incidence of hepatitis B in healthcare settings. The overwhelming majority of health care providers have been vaccinated and protected from infection with this occupational pathogen. Despite this, occasional outbreaks of hepatitis B virus (HBV) infection still occur in medical and dental facilities. For more information, go to www.dentaladvisor.com.



INFECTION CONTROL CORNER
Questions on Infection Control, clinical evaluations, and main topic articles



3M ESPE Lava Crowns and Bridges 7-year Clinical Performance + + + + 1/2

3M ESPE
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www.3mespe.com

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



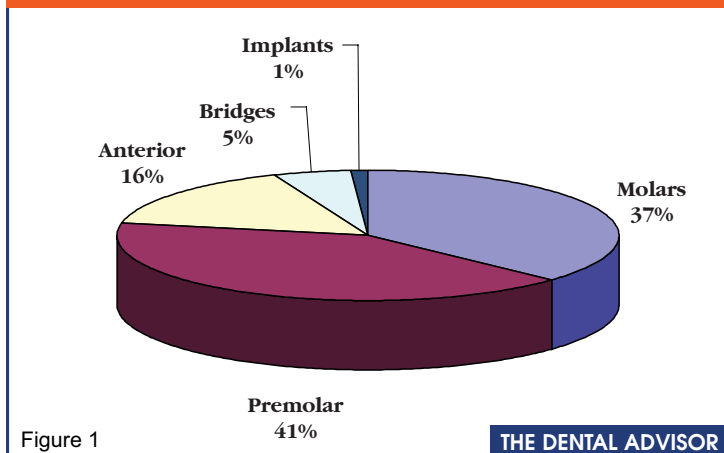
Description

3M ESPE Lava Crowns and Bridges are *Lava* Zirconia-based restorations overlaid with an approved veneering ceramic. The zirconia copings and frameworks provide the strength while the veneering material provides the esthetics. The system is used for crowns, implant abutments, and bridges with a span of up to 48 mm in length. Tooth preparation is similar to PFM preparations but with slightly less reduction occlusally and circumferentially. Dies are scanned and then the copings or frameworks are milled and sintered. The process can also be carried out through the *3M ESPE Lava Chairsides Oral Scanner C.O.S.* The zirconia substructure is colored with one of seven available shades to coordinate with the final restoration. **Lava** restorations can be cemented with traditional or self-adhesive resin cements. **Lava** received a 95% clinical rating.

Clinical Evaluation Protocol

- **Lava** restorations were placed beginning in 2003. Since then well over 1500 restorations have been placed and documented. These restorations include anterior and posterior crowns, 3- to 6-unit bridges and implant abutments. Most restorations were cemented with *3M ESPE RelyX Unicem Self-Adhesive Universal Resin Cement*.
- Five hundred and seventy-four restorations were recalled over a six-month period. The distribution of restorations evaluated is shown in Figure 1.
- Restorations were rated on a 1-5 scale, 1=poor, 2=fair, 3=good, 4=very good, 5=excellent.

DISTRIBUTION OF LAVA RESTORATIONS AT 7-YEAR RECALL



Clinical Observations

Resistance to Fracture and Chipping

The fracture and chipping of **Lava** restorations at 1, 3, and 7 years of service are shown in Figure 2. Of the recalled restorations



Consultants' Comments

- ♦ "I have been very pleased with the **Lava** restorations. They are highly esthetic."
- ♦ "My patients love the life-like quality of **Lava** restorations and prefer them over the grayness of PFM crowns."
- ♦ "Over 1500 zirconia-based restorations have been placed in our office during the past seven years. The results have been phenomenal."

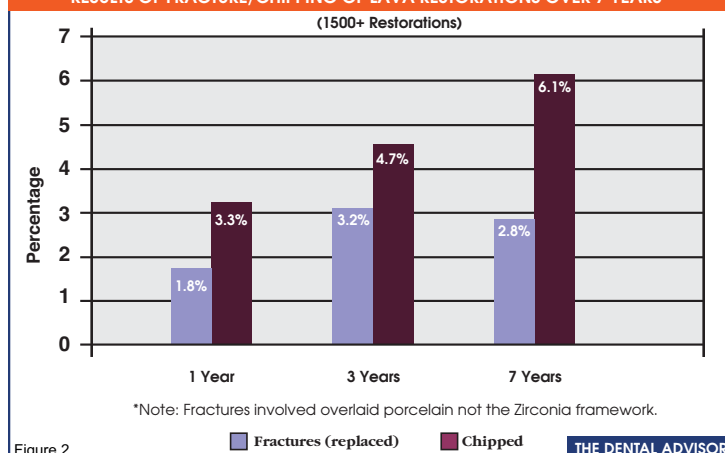
Laboratory Comment

- ♦ "As the owner of a dental laboratory, it is much more gratifying to work with zirconia as compared to metal, because the esthetic results are superior."

16 were replaced because they received a rating of 1 or 2 out of 5. In many cases the fractures resulted in the delamination of a large portion of the ceramic. When a large piece would shear off the coping material, it could not be polished or repaired. Thirty-five restorations received a rating of 3 or 4. These were chipped restorations that either did not need any smoothing or polishing or could be polished and smoothed satisfactorily. In many cases the patient was not aware that the restoration had chipped. The causes of the fractures could be the thickness of unsupported porcelain or possibly too rapid heating or cooling of the veneering

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RESULTS OF FRACTURE/CHIPPING OF LAVA RESTORATIONS OVER 7 YEARS



DEFEND Silpure Treated Poly/Cotton Scrubs + + + ½

DEFEND by Mydent International
800-275-0020
www.defend.com

Description

DEFEND Silpure Treated Poly/Cotton Scrubs are unisex v-neck scrub tops and drawstring bottoms manufactured with a poly/cotton (65/35 blend) fabric. The yarn is treated with *Silpure* - a silver-based antimicrobial treatment, which protects the garment against the action of bacteria. When healthcare workers wear scrubs in and out of medical facilities, they run the risk of picking up bacteria and other infectious strains on their clothing. According to the manufacturer, the *Silpure*-treated scrubs can help prevent bacteria from being carried over to patients. Independent laboratory testing confirmed that the antimicrobial treatment will not wash or wear out and offers protection for the life of the garment, provided laundering temperatures remain under 130°F. The v-neck top has set-in sleeves and a left breast pocket. The drawstring pants have a rear hip pocket. Both tops and bottoms have safety-stitched seams and reinforced stress points. **DEFEND Silpure Treated Poly/Cotton Scrubs** are available in Burgundy, Jade, Ceil Blue, Teal, Navy. The manufacturer also offers **DEFEND Silpure Treated Poly/Cotton Lab Coats**, in White. **DEFEND Silpure Treated Poly/Cotton Scrubs** were evaluated by nine consultants in 120 uses. They received an 83% rating.

Consultants' Comments

- ◆ "Comfortable - seem to be durable."
- ◆ "I would consider a clinic coat/jacket made of the same material."
- ◆ "The sizes run larger than the scrubs I use. They did not fit."
- ◆ "I still need to wear a clinic coat, as long sleeves are required for infection control."

Suggested Retail Cost

- \$14.95 each

Product Features

Consultants found the comfort of the **DEFEND Silpure Treated Poly/Cotton Scrubs** acceptable and commented that they felt durable. The unisex sizing produced a fit that was not ideal for either the male or female consultants. The fit of the tops was better than the bottoms; the pants had a very high waist, creating bagginess in the seat area. They also questioned the benefit of the antimicrobial treatment. Eleven percent of consultants reported that **DEFEND Silpure Treated Poly/Cotton Scrubs** were better than other scrubs and 67% reported they were equivalent. Twenty-two percent would switch to **DEFEND Silpure Treated Poly/Cotton Scrubs** and 44% would recommend them. ■

3M ESPE Lava Crowns and Bridges 7-year Clinical Performance + + + + ½

continued from pg 6

ceramic. Rapid cooling of the restoration can result in the build up of undesirable stresses within the restoration. None of the fractures involved a zirconia substructure or coping failure.

Esthetics

The majority of the recalled restorations had excellent esthetics, and 57 restorations or 10% had a good to very good rating (Figure 3). **Lava** restorations have improved esthetics compared to PFM restorations, because the **Lava** coping can be shaded to act as a good dentin simulator and the grayish appearance of the metal at the cervical is eliminated. **Lava** restorations are also vital in appearance.

Resistance to Marginal Discoloration

Over 95% of **Lava** restorations received an excellent rating for resistance to marginal discoloration (Figure 3). Advantages of **Lava** crowns are the opaque core and the zirconia coping margins can be very close to the margin of the preparation. These characteristics reduce or eliminate graying at the margin due to microleakage that can be visible in more translucent restorations. During the seven-year evaluation, only 2.8% of the restorations exhibited slight graying at the margins.

Wear Resistance

Over 96% of **Lava** restorations received an excellent rating
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RESULTS OF LAVA RESTORATIONS AT 7-YEAR RECALL

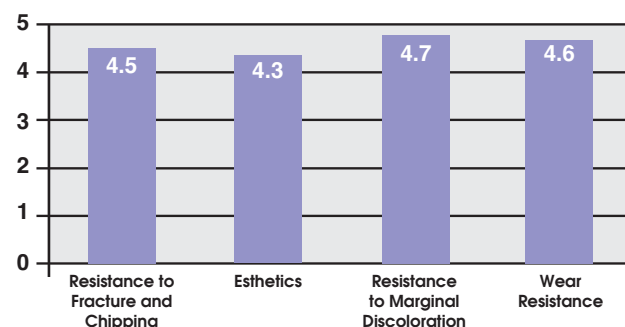


Figure 3

THE DENTAL ADVISOR

for resistance to wear. A small number (3.2%) of the recalled restorations exhibited some wear of the overlaid ceramic at seven years. Minimal to moderate wear was noted in about 15% of the teeth opposing **Lava** restorations; this wear was mostly visible in anterior teeth.

Summary

3M ESPE Lava Crowns and Bridges performed exceptionally well over the seven-year evaluation period with excellent resistance to fracture and marginal discoloration and minimal wear. ■

BEYOND Polus Whitening Accelerator with Premier Treatment Kits + + + + +

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Description

BEYOND Polus Whitening Accelerator with Premier Treatment Kits is an in-office whitening system designed to whiten within three, 10-minute sessions. **BEYOND Polus Whitening Accelerator** is a multi-functional, halogen-powered whitening lamp with *LightBridge* technology (combines halogen and LED light technologies), LED curing light and spot whitening device, and optional low-level laser therapy treatment device. It is indicated for dual-arch whitening; single-tooth whitening is also available. The built-in LED curing light has dual-wavelength output to cure any dental composite. The **BEYOND II Premier Treatment Kits** with *RENEW Touch-up* whitening gel are for single-patient use and are designed to improve oral health while whitening, with a reduced risk of sensitivity. **BEYOND II Advanced Formula Whitening Gel** contains 35% hydrogen peroxide and the *RENEW Touch-up* whitening gel contains 6% hydrogen peroxide. *RENEW* is designed to further increase the initial whitening results (one to two weeks after initial treatment) or to maintain the results (three months after initial treatment) with an in-office appointment. Special features of the light include three light-output settings (gentle, normal and intense) to meet individualized treatment needs; advanced filtration system designed to reduce harmful ultraviolet and heat output; *Touch User Interface (TUI)* panel for intuitive programming and treatment tailoring; motorized height adjustment; wireless remote control with a patient call button; and advanced temperature monitor and cooling system. There is a 30-day money-back guarantee and three-year manufacturer's warranty against factory defect.

BEYOND Polus Whitening Accelerator includes the following:

- **BEYOND Polus Whitening Accelerator** lamp
- Polus LED curing light and spot-whitening device
- **BEYOND II Premier Single Patient Whitening Kit**
- Protective goggles
- Wireless remote control
- Replacement halogen bulb
- Online training (unlimited)
- Complete marketing package

BEYOND Premier Whitening Kits each contain the following:

- 4g, dual-barrel syringe of **BEYOND II 35% Whitening Gel** (packaged separately)
- 2 g syringe of **BEYOND BlueSeal Gingival Protection** w/one metal and one plastic tip
- 2.6g syringe of **RENEW 6% Touch-up Whitening Gel**



Consultants' Comments

- ♦ "I have some patients who are very sensitive - having a gentle light output is great."
- ♦ "Three, 10-minute rounds - the system is quick to use."
- ♦ "This system produces the most consistent results. Every patient lightened at least three Vita shades."
- ♦ "A readout on the light or on the display would be nice."
- ♦ "Add a brush to the kit for removal of product near gum line."

Patients' Comments

- ♦ "It was fast."
- ♦ "That light seems pretty high tech."
- ♦ "My teeth look great."
- ♦ "I have bleached before, and this time my teeth were not sensitive."
- ♦ "I did not notice any scent to the products."

- 3g jar of polishing sand
- Face protection cloth
- 2mL jar of lip protection cream
- Two cotton rolls, cotton buds
- Suction tip for removing gel
- 3g jar of after-treatment fluoride
- 1.2-ounce tube of **BEYOND PearlWhite Toothpaste**
- Multilingual instruction manual
- Post-whitening care instruction card
- **VITA Bleachguide 3D-MASTER** paper guide
- Cheek retractor (packaged separately)
- Patient consent form (packaged separately)

BEYOND Polus Whitening Accelerator with Premier Treatment Kits was evaluated by two dental offices in 40 patients. This whitening system received a 98% clinical rating.

Suggested Retail Cost

- \$ 3,895.00/unit
- \$ 85.00/treatment kit

continued on pg 9

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

Description

seT PP is a fluoride-releasing, self-adhesive, dual-cured resin cement in a paste/paste system. **seT PP** is indicated for the cementation of indirect ceramic, metal or composite inlays, onlays, crowns, bridges, posts and veneers and is available in Vita shades A1, A2, OA3, Translucent, and White Opaque. **seT PP** has a working time of 2 minutes, an intraoral setting time of 5 minutes and a light curing time of 20 seconds. **seT PP** contains ionglass™ filler but no Bisphenol A or HEMA. It is supplied in 7-g dual-barrel syringes. Contents of the Intro Kit include one syringe of each of the five shades, 70 mixing tips, and instructions. **seT PP** was used by 25 consultants in 614 cases. It received a 97% clinical rating.

Suggested Retail Cost

- \$155.00 /Intro Kit

Product Features

Compared to the original version of **seT** in a capsule, consultants liked the ease of mixing and dispensing the paste/paste formulation from a syringe. Overall the cement is easy to use and has an adequate variety of shades for most cases. Mixes are consistent, and the viscosity of the cement allows crowns to be seated without excessive pressure. Consultants reported that the cement is sensitive to ambient light, so it must be used quickly after dispensing. Thirty-two percent of consultants reported that **seT PP** was better than their current self-adhesive resin cement and 64% reported it



Consultants' Comments

- ◆ "Convenient to store - does not require refrigeration."
- ◆ "Easy to dispense and mix."
- ◆ "The taste and odor are potent."
- ◆ "Supply angled syringe tips for placement into the tooth."
- ◆ "Make a quick instruction card with pictures."

was equivalent. Seventy-two percent would switch to it and 84% would recommend it.

Clinical Tips

- To avoid premature setting, avert the operating light and do not dispense the material until you are sure you want it mixed.
- Tooth needs to be dry when cement is placed.
- Seat restoration and hold in place for 30 seconds before light curing.
- Tack cure for 3 seconds, then remove excess cement with floss before cement is completely set.
- For cementing veneers with **seT PP**, use an adhesive on the tooth to improve the bond strength. ■

BEYOND Polus Whitening Accelerator with Premier Treatment Kits + + + + +

continued from pg 8

Product Features

BEYOND Polus Whitening Accelerator with Premier Treatment Kits was rated excellent for ease of use of the light and gel, completeness of the kit, and time of procedure. Consultants reported better than average whitening. **BEYOND Polus Whitening Accelerator** light is on a sturdy wheeled base and includes some features not found in any other whitening light. The three output settings helped tailor the treatment to the patient based on anticipated level of sensitivity. The articulation of the light head made it easy to position over the patients' teeth. The **Premier Treatment Kits** were reported to be the most complete kits consultants had encountered - all accessories required for the appointment were included. Most of the patients reported that they did not experience discomfort during the whitening process. Of those patients who did experience some discomfort, they rated it moderate. Average whitening was three to seven shades on the

Vita guide with all of the patients reporting that their teeth were whiter. Sixty-seven percent of consultants reported **BEYOND Polus Whitening Accelerator with Premier Treatment Kits** was better than their current in-office tooth whitening system, whereas 33% reported it was equivalent. All consultants would switch to **BEYOND Polus Whitening Accelerator with Premier Treatment Kits** and recommend it to their colleagues.

Clinical Tips

- Keep **BEYOND II Advanced Formula Whitening Gel** refrigerated.
- Be sure to use the Face Protection Cloths to protect the lips from the light.
- Give the remote call button to the patient to call for assistance during the procedure.

Editors' note: The manufacturer reports that the **BEYOND BlueSeal Gingival Protection gel** has an orange scent. ■

ESTELITE FLOW QUICK High Flow + + + + 1/2

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Description

ESTELITE FLOW QUICK High Flow is a low viscosity, high flow, light-cured, radiopaque composite resin. Filler particles are 0.4-0.07µ silicon dioxide and zirconium dioxide. This flowable composite utilizes RAP (Radical Amplified Photopolymerization) technology that allows a long working time of 90 seconds and a quick curing time of 10 seconds. It is indicated for direct anterior and posterior restorations (particularly for small/shallow/tunnel shaped cavities), as a cavity lining, for blocking out cavity undercuts before fabrication of indirect restorations, and for the repair of porcelain and composite. It is available in 3.6 g syringes in shades A1, A2, A3 and OPA2. **ESTELITE FLOW QUICK High Flow** is provided in a newly designed syringe with an internal gasket to prevent oozing of the material after use. The tips included with the material also have a narrower lumen to help control the flow of this low viscosity composite. Each syringe comes with dispensing tips, manufacturer's instructions, and product information. All four shades of **ESTELITE FLOW QUICK High Flow** were evaluated by 17 Editors in over 400 uses. It received a 91% rating.

Suggested Retail Cost

- \$54.00/syringe

Editors' Observations

Manufacturer's Instructions

Instructions were rated very good to excellent by most Editors.

Packaging

Editors liked the packaging and the quantity of material in the syringe. A greater number of tips would be appreciated.

Ease of Dispensing – Syringe Design

Editors were highly complimentary of the syringe – they found it to be ergonomic and easy to dispense the contents. The new syringe design has a wide round barrel with a circumferential finger grip that is easy to use in any orientation. The common problem of material oozing from the syringe was eliminated, and the narrow tips were appropriate for the viscosity of the material.

Viscosity of Composite/Ease of Placement

The composite is easy to place and adapts well to the tooth. Editors



Editors' Comments

- ◆ “Flows well and adapts well to the preparation. Great esthetics! Nice large syringe.”
- ◆ “Easy to dispense and good shade match.”
- ◆ “Excellent dispenser.”

reported the composite had high flow. This was desirable, especially for filling narrow fissures in posterior teeth.

Shade Match/Blending of Composite

Shade match before and after curing rated very good. The composite blended well with the tooth. The opaque shade (OPA2) worked well for masking slight internal stain or restoring a highly opaque tooth.

Ease of Finishing/Polishing – Quality of Final Polish

The composite was easy to finish and polish with standard fine diamonds and rotary polishing tips.

Final Esthetics

The composite had very good to excellent final esthetics.

Summary

Forty-one percent of Editors reported that **ESTELITE FLOW QUICK High Flow** was better than other flowable composites and 47% reported it was equivalent. Seventy-one percent would switch to **ESTELITE FLOW QUICK High Flow** and 88% would recommend it.

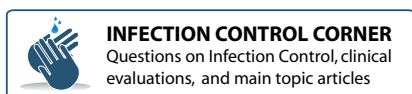
Clinical Tip

- Where less flow is needed, the original **ESTELITE FLOW QUICK** is a better choice. ■

Bib-Eze + + + +

DUX Dental
800.833.8267
805.488.1122
www.duxdental.com

For Research on Bib-Eze Visit



Description

Bib-Eze is a disposable bib holder made of lightweight, elasticized fiber. The self-adhesive ends secure **Bib-Eze** to any bib, and removal is accomplished by tearing it off. This disposable holder eliminates the need to sterilize bib chains and is a solution to avoid potential bib chain cross-contamination risk. Each box contains 250 bib holders. **Bib-Eze** was evaluated by 43 consultants in over 4000 uses. **Bib-Eze** received an 86% clinical rating.

Suggested Retail Cost

- \$12.35/Box

Product Features

Bib-Eze is convenient to use as a sanitary alternative to re-usable bib holders. It does not feel cold on the patient's neck, has no sharp edges and stretches to accommodate patient movement. Many consultants liked that it was disposable and reduced the possibility of cross contamination. Some consultants reported that the simple box packaging was large and dispensing was cumbersome, with **Bib-Eze** becoming tangled. Patient perception of the product was good. Thirty-seven percent of consultants reported that **Bib-Eze**



Consultants' Comments

- ◆ "I like that it is disposable and convenient to incorporate into my practice."
- ◆ "I appreciate the lack of cross-contamination."
- ◆ "Patients thought it was soft and comfortable."
- ◆ "Improve packaging and dispensing."
- ◆ "**Bib-Eze** cannot be repositioned once in place."
- ◆ "Add a quick rip-off in the middle."

was better than their current bib holder. Forty-four percent would switch and 79% would recommend it.

Clinical Tips

- Adjust the length by attaching **Bib-Eze** higher or lower on the patient bib.
- Attach one side of **Bib-Eze** ahead of time to save time. ■

Great White H Series + + + +

S.S. White Burs, Inc
800.535.2877 - 732.905.1100
www.sswwhiteburs.com

Description

The **Great White H Series** are autoclavable carbide burs designed for cutting metal, especially for the removal of semi-precious and non-precious crowns, removing old restorations and for creating endodontic access through metal substructures. They are designed with unique blade geometry and a thicker neck to reduce breakage. **Great White H Series** carbide burs are available in three sizes: GWH340, GWH342 and GWH342L, each in blister packages of ten. **Great White H Series** were used by 29 consultants in 650 uses. The product received an 86% clinical rating.

Suggested Retail Cost

- \$27.75/10 pack

Product Features

Consultants observed that the **Great White H Series** carbide burs fit well in the handpiece and had good concentricity. On first use,

Consultants' Comments

- ◆ "Very smooth cutting - less chatter when cutting through any metal."
- ◆ "Great cutting efficiency when removing old metal crowns. Diamonds are still necessary with ceramics and zirconia."
- ◆ "Burs wear out quickly."

the burs cut through metal very well. The burs can be sterilized, but most consultants reported that cutting efficiency decreased somewhat after sterilization. Most burs were worn out after use on a single case. The smaller diameter burs produced less chatter than the larger size. Clogging resistance was good. Fifty-five percent of consultants reported that **Great White H Series** carbide burs were better than their current carbide burs and 31% reported they were equivalent. Sixty-two percent would switch and 79% would recommend the product.

Clinical Tips

- Use angulation of bur for initial cut. Once bur starts to cut, less angulation is needed.
- Use a lot of water to cut down on heat. ■

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Description

KENDA G.P.S. is a two-step composite polishing system for single-patient use. It is indicated for all composite and compomer restorations as a pre-polisher for smoothing and a final polisher for fine surfaces and a high, long-lasting shine. **KENDA G.P.S.** consists of silicone rubber and diamond powder with shanks made of medical plastic. They are for use in a latch-type RA handpiece with a water spray. **KENDA G.P.S.** is supplied in two color-coded grits: fine (blue shank with a light green cup) and ultra fine (white shank with a light beige cup). The kit contains 12 polishers, two of each grit in three shapes (disk, cup and point) as well as packages of 6, 12, 25 and 100, in each shape, plus product literature, instructions and MSDS. **KENDA G.P.S.** was used 414 times by 15 consultants. This product received a 92% clinical rating.

Suggested Retail Cost

- \$29.60/ 12-polisher intro kit

Product Features

Consultants liked the shape selection and fit in the handpiece of **KENDA G.P.S.** Consultants reported that the length of the mandrel was ideal. The quality of finish and final gloss were good. More than half of the consultants preferred single-step, multi-use polishers, especially for posterior restorations. This two-step system gives composite enhanced gloss, making it more useful in anterior esthetic restorations. Forty-four percent of consultants reported that **KENDA BIG JOB** was better than their current polishing system, whereas 28% reported this product was equivalent to their



Consultants' Comments

- ◆ "The fine grit (blue shank) really shapes and smoothes the composites well. The extra-fine grit (white shank) polishes to a glossy shine."
- ◆ "Fantastic surface smoothness and gloss."
- ◆ "I liked the shaft stiffness and I loved the color coded shafts - easy to separate the two different grits."
- ◆ "The polishers are so durable that I hate to dispose of them."
- ◆ "Make a smaller point."

current polishing system. Fifty-six percent would switch and 83% would recommend this product.

Clinical Tips

- Use slow, firm, steady pressure for best results.
- Use at 10,000 rpm with water. ■

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