

THE DENTAL ADVISORTM

"Improving Patient Care Through Research & Education"



Photography by Brittany Price

Self-etching Bonding Agents

Bonding agents are represented by two distinct generations of total-etch systems (4th and 5th) and three distinct generations of self-etch systems (6th-Type I, 6th-Type II, and 7th). Total-etch (etch-and-rinse) systems are used with phosphoric acid and require rinsing, whereas self-etch systems do not use phosphoric acid and do not require rinsing. In addition, light- and dual-cured bonding agents are available within these systems for different applications.

This issue of THE DENTAL ADVISOR reports on the characteristics and properties of 6th- and 7th-generation bonding agents and recommends the best products.

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

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Very Good	+++
Good	++

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Self-etching Bonding Agents

The first self-etch bonding agents (6th-generation) were introduced in the 2000s. These systems eliminate the need for etching with phosphoric acid. Both light-cured and dual-cured systems are available.

- Sixth-generation, Type I, bonding agents have a self-etching primer and a resin adhesive, which are applied in separate layers.
- Sixth-generation, Type II, bonding agents combine the self-etching primer and adhesive in one component and simplify the bonding procedure.

The light-cured 6th-generation, Type I, products typically require two steps, whereas the dual-cured products typically require three steps (see Table 1). The light-cured 6th-generation, Type II, products typically require two steps (see Table 1). Sixth-generation bonding agents are recommended for bonding of posterior composites (see Table 2).

Seventh-generation, self-etching bonding agents were introduced in the mid 2000s. Both light-cured and dual-cured systems are available. The light-cured products typically require one step, whereas the dual-cured products typically require two steps (see Table 1). Light-cured 7th-generation bonding agents are recommended for bonding of posterior composites, whereas dual-cured 7th-generation bonding agents are recommended for bonding of esthetic posts and ceramic restorations with resin cement (see Table 2).

Q Dr. Bunek: What is the major difference between Type I and Type II 6th-generation bonding agents?

A Dr. Powers: An important difference is the nature of the cured surface of the bonding agent. The surface of the Type I bonding agent is neutral because the resin adhesive is applied over the acidic primer. With the Type II bonding agents, the surface is acidic because the acidic primer-adhesive is applied as one component. The acidic surface can be incompatible with self- and dual-cured composites and resin cements.

Q Dr. Bunek: How does etching differ between total-etch and self-etch bonding agents?

A Dr. Powers: The phosphoric acid used in total-etch bonding agents removes the smear layer and demineralizes and cleans enamel and dentin. Self-etching primers are acidic monomers that combine the etchant with the primer or primer-adhesive and penetrate and reprecipitate the smear layer. Some acidic primers are higher in pH than phosphoric acid.

Q Dr. Bunek: Why is a primer necessary in a bonding agent?

A Dr. Powers: The primer is composed of hydrophilic monomers usually carried in a water-soluble solvent (acetone, ethanol, water) to promote good flow and penetration into hydrophilic enamel and dentin, which can influence the resulting bond strength. Self-etch bonding agents utilize primers that are acidic monomers. The shelf life of acidic primers can be extended by refrigeration.

Table 1. Summary of steps for use of bonding agents.

Bonding Agent	Steps	Etch with Phosphoric Acid	Etch Unground Enamel with Phosphoric Acid	Rinse And Dry	Mix with Catalyst	Apply Separate Primer	Apply Separate Adhesive	Apply Primer-Adhesive	Mix and Apply Primer-Adhesive
Self-etch, light-cured (6 th -Type I)	2	No	Yes	No	No	Yes	Yes	No	No
Self-etch, dual-cured (6 th -Type I)	3	No	Yes	No	Yes	Yes	Yes	No	No
Self-etch, light-cured (6 th -Type II)	2	No	Yes	No	No	No	No	No	Yes
Self-etch (no mix), light-cured (7 th)	1	No	Yes	No	No	No	No	Yes	No
Self-etch, dual-cured (7 th)	2	No	Yes	No	Yes	No	No	Yes	No

Table 2. Recommended applications of current bonding systems.

Bonding Agent	Anterior Composite	Posterior Composite	Composite Core (Light-cured)	Composite Core (Dual-cured or Self-cured)	Esthetic Post	Ceramic with Resin Cement	Veneer with Resin Cement
Self-etch, light-cured (6 th -Type I)	Yes	Recommended	Yes	OK	No	OK	Yes
Self-etch, dual-cured (6 th -Type I)	OK	OK	Yes	Yes	Yes	Yes	OK
Self-etch, light-cured (6 th -Type II)	OK	Yes	Yes	No	No	No	Yes
Self-etch (no mix), light-cured (7 th)	OK	Recommended	Yes	No	No	No	Yes
Self-etch, dual-cured (7 th)	OK	OK	OK	Yes	Recommended	Recommended	OK

Q Dr. Bunek: What is the function of an adhesive in a bonding agent?

A Dr. Powers: The adhesive promotes bonding between enamel or dentin and resin composite restorative material or resin cement. Adhesives act as a link between the hydrophilic resin primer and the hydrophobic resin composite. Proper curing is required to provide good retention and sealing. Seventh-generation bonding agents utilize primer-adhesives that are acidic monomers.

Q Dr. Bunek: What is the function of fillers in a bonding agent?

A Dr. Powers: Fillers are sub-micron glass particles and nanofillers ranging from 0.5% to 40% by weight. Fillers control handling and may improve strength. Fillers may increase film thickness of the adhesive layer.

Self-etching Bonding Agents

Q Dr. Bunek: Why should I be aware of the solvent in a bonding agent?

A Dr. Powers: Solvents include acetone, ethanol and water. The solvent affects the evaporation rate on the tray and in the mouth. Acetone evaporates quickly and requires the shortest drying time in the mouth. Ethanol evaporates more slowly and requires moderate drying time. Water evaporates very slowly and requires longest drying time. Bonding agents should be dispensed immediately before use to prevent premature evaporation of the solvent.

Q Dr. Bunek: Are there other important ingredients in a bonding agent?

A Dr. Powers: Other ingredients include fluoride, desensitizers, and antimicrobial ingredients. The effectiveness of the release of these ingredients from bonding agents has not yet been demonstrated clinically.

Q Dr. Bunek: How do self-etch bonding agents bond to tooth structure? What happens to the smear layer?

A Dr. Powers: Self-etch bonding agents use the smear layer as a bonding substrate. The acidic primer or primer-adhesive demineralizes the smear layer and the top layer of the underlying dentin surface. The acidic primer also infiltrates the exposed collagen along with hydrophilic monomers, which then copolymerize. Since the etched surface is not rinsed, the demineralized smear layer is incorporated into the hybrid layer. With these systems, the hybrid layer ranges in thickness from 0.5 to 5 μm . The smear layer is not removed; rather, the dissolved smear layer is integrated into adhesive layer and works as a buffer producing less postoperative sensitivity.

Q Dr. Bunek: Does dentin prepared with an Erbium:YAG laser require a special technique for bonding?

A Dr. Powers: Dentin prepared with an Erbium:YAG laser has no smear layer, so etching with phosphoric acid is not necessary. Application of self-etch bonding agents might require several layers to obtain glossy surface.

6th-generation (Type I)

Product	Company
3M ESPE Adper Scotchbond SE Self-Etch Adhesive	3M ESPE
AdheSE	Ivoclar Vivadent
Clearfil LINER BOND 2V	Kuraray America
 Clearfil SE PROTECT	Kuraray America
Clearfil SE BOND	Kuraray America
Contax	DMG America
FL-BOND II	SHOFU Dental Corporation
frog	SDI (North America), Inc.
GC UniFil Bond	GC America
Moxie SE	Discus Dental
Nano-Bond	Pentron Clinical Technologies
One Coat Self-Etching Bond	Coltène/Whaledent
Prelude SE	Danville Materials

6th-generation (Type II)

Product	Company
3M ESPE Adper Prompt L-Pop Self-Etch Adhesive	3M ESPE
 ALL-BOND SE	Bisco Dental Products
Brush & Bond	Parkell
Futurabond NR	VOCO America, Inc.
Max Bond LC	J. Morita USA
One-Up Bond F Plus	Tokuyama America
Oxford Bond SE	Finnigan Enterprises LLC
Tenure Uni-Bond with Gloss-N-Seal	Den-Mat
Touch & Bond	Parkell
Xeno III	DENTSPLY Caulk

Type of Cure	Bond Strength Enamel, MPa	Bond Strength Dentin, MPa	Multi-use Packaging Refill Cost	Unit-dose Cost	Rating
LC	34	33	Bond: \$27.80/ml; Primer: \$27.80/ml	na	91%
DC, LC	23	26	Bond: \$10.00/ml; Primer: \$10.80/ml; DC Activator: \$18.00/ml	na	96%
DC, LC	nt	nt	Bond A: \$21.20/ml; Bond B: \$19.66/ml; Primer A: \$7.00/ml; Primer B: \$7.00/ml	na	96%
LC	nt	nt	Bond: \$19.80/ml; Primer: \$17.33/ml	na	98%
LC	nt	nt	Bond: \$19.40/ml; Primer: \$6.83/ml	na	95%
DC, LC	nt	nt		na	91%
LC	37	32	Unknown	na	92%
LC	nt	nt	Bond: \$19.84/ml; Primer: \$19.84/ml	na	92%
LC	nt	nt	Bond: \$7.70/ml; Primer: \$12.49/ml	na	89%
LC	31	46	Primer \$12.80/ml; Adhesive 12.80/ml	Unit-dose \$2.56/application	na
DC, LC	19	21	Adhesive: \$11.49/ml; SE Primer: \$5.49/ml; DC Activator: \$9.31/ml	na	86%
LC	nt	nt	Primer: \$11.58/ml; Bond: \$11.58/ml	50 Unit-dose: \$19.80/ml	93%
DC, LC	nt	nt	Adhesive: \$10.79/ml; Primer: \$10.79/ml; Link: \$10.79/ml	na	91%

Type of Cure	Bond Strength Enamel, MPa	Bond Strength Dentin, MPa	Multi-use Packaging Refill Cost	Unit-dose Cost	Rating
LC	nt	nt	na	40 Unit-dose: \$17.70/ml; 500 Unit dose: \$13.73/ml	Bottle: na UD: 91%
LC	12	30	na	na	98% with ACE dispenser
LC	nt	nt	Liquid: \$20.00/ml; Applicators: \$0.48/each	na	93%
LC	nt	nt	\$14.12/ml (Only available in a kit, no refills are available)	50 Unit-dose: \$21.60/ml; 200 Unit dose: \$16.15/ml	Bottle: 93% UD: 92%
LC	nt	nt	na	na	87%
LC	nt	nt	Bond A: \$10.90/ml; Bond B: \$10.90/ml	na	86%
LC, SC	nt	nt	Bottle A: \$7.65/ml Bottle B: \$7.65/ml (\$15.30/ ml total)	singlemix is \$25.71 per ml	86%
LC	nt	nt	Part A: \$17.33/ml; Part B: \$17.33/ml	na	92%
LC	nt	nt	Liquid: \$20.00/ml (2 coats required); Pledgetss: \$0.48/each (Only available in a kit, no refills are available)	na	na
LC	24	27	\$25.88/ml (Only available in a kit, no refills are available)	na	96%

Self-etching Bonding Agents

Q Dr. Bunek: Does uncut enamel require a special technique for bonding?

A Dr. Powers: Most manufacturers of self-etching bonding agents recommend the use of phosphoric acid to etch uncut enamel before application of the self-etching primer or self-etching adhesive. Even so, the improvement in bond strength may not be large. If the phosphoric acid also etches dentin, the bond strength of the self-etching adhesive to dentin may be reduced, especially with 6th-generation-Type II, and 7th-generation bonding agents. This reduction may occur if the self-etching adhesive fails to penetrate completely the additional demineralized dentin produced by the phosphoric acid etch. Apply extra coat(s) of bonding agent to obtain a shiny surface as needed.

Q Dr. Bunek: Are self-etch bonding agents compatible with composite cores and resin cements used with esthetic posts?

A Dr. Powers: Sixth-generation, Type I, bonding agents are generally compatible with self-cured composite cores or resin cements. Sixth-generation, Type II, and 7th-generation bonding agents are generally not compatible with self-cured composite cores or resin cements. The acidity of the bonding agent can interfere with the setting of the composite. Light-cured bonding agents may be difficult to activate properly for cementation of esthetic posts; therefore, use dual-cured bonding agents.

Q Dr. Bunek: In what clinical situations would you choose a total-etch bonding agents?

A Dr. Powers: I prefer a 4th- or 5th-generation bonding agents for core buildups with little remaining enamel and for anterior restorations. When bonding veneers, I like the total-etch bonding agents because I believe I will see less marginal discoloration over time.

7th-generation

Product	Company
3M ESPE Adper Easy Bond Self-Etch Adhesive	3M ESPE
AdheSE One	Ivoclar Vivadent
ALPHA BOND SE	Dental Technologies
BeautiBond	SHOFU DENTAL CORP.
BOND FORCE	Tokuyama America
Clearfil DC BOND	Kuraray America
Clearfil S ³ BOND	Kuraray America
Futurabond DC	VOCO America, Inc.
Futurabond M	VOCO America, Inc.
G-BOND	GC America
go!	SDI (North America), Inc.
iBOND Self Etch	Heraeus
One Coat 7.0 Bond	Coltène/Whaledent
OptiBond All-In-One	Kerr Corporation
Xeno IV	DENTSPLY Caulk
Xeno IV Dual Cure	DENTSPLY Caulk



3M ESPE Adper Easy Bond (3M ESPE)



BeautiBond (SHOFU DENTAL CORP.)

Type of Cure	Bond Strength Enamel, MPa	Bond Strength Dentin, MPa	Multi-use Packaging Refill Cost	Unit-dose Cost	Rating
LC	23	28	\$21.80/ml	40 Unit-dose: \$16.50/ml 100 Unit-dose: 14.60/ml	96%
LC	nt	nt		\$154.00	na
LC	37	37	\$15.00/ml (\$75.00/5ml Bottle)	na	na
LC	25	41		50 Unit-dose: \$26.50/ml	96%
LC	24	35	\$19.00/ml	20 Unit-dose: \$35.00/ml; 50 Unit-dose: \$31.00/ml	96%
DC			\$22.25/ml	na	94%
LC	nt	nt	\$32.50/ml	50 Unit-dose: \$29.70/ml; 100 Unit-dose: \$27.60/ml	Bottle: 92% UD: 98%
DC	nt	nt	\$14.74/ml	50 Unit-dose: \$22.59/ml; 200 Unit dose: \$16.95/ml	UD: 96%
LC	nt	nt	\$20.93/ml	50 SingleDose: \$19.80/ml; 200 SingleDose: \$18.00/ml	na
LC	25	25	\$22.40/ml	\$32.00/ml	Bottle: 97% UD: na
LC	24	22	\$25.36/ml	\$25.36/ml	94%
LC	nt	nt	\$34.15/ml (4 ml bottle)	50 Unit-dose: \$23.67/ml; 100 Unit-dose: \$21.31/ml	na
LC	nt	nt	\$26.15/ml	na	na
LC	26	41	\$22.70/ml	50 Unit-dose: \$16.67/ml; 200 Unit dose: \$12.50/ml	96%
LC	31	31	\$28.44/ml (2-bottle refill)	\$21.60/ml	Bottle: 93% UD: na
DC, LC	nt	nt	Xeno IV: \$30.17/ml; SC Activator: \$32.16/ml	100 Unit-dose Xeno IV: \$20.38/ml (Activator is not available in unit-dose packaging)	Bottle: 96% UD: na



BOND FORCE (Tokuyama America)



FuturaBond DC (VOCO America, Inc.)



go! [SDI (North America) Inc.]

Safe-Flo Saliva Ejectors + + + + 1/2

RJC Products
651-735-3935
www.safe-flo.com

Description

Safe-Flo Saliva Ejector is a disposable saliva ejector with a one-way safety valve and a bonded tip. The one-way valve is designed to prevent contaminated material from flowing back into the patient's mouth. The saliva ejector is a latex-free, flexible white plastic with an embedded wire to assist in keeping the shape once bent. The tip is designed to minimize damage to tissue while offering efficient flow of fluids. **Safe-Flo Saliva Ejectors** fit on a standard low-volume saliva ejector valve. They are available in 100-count packages. **Safe-Flo Saliva Ejectors** were evaluated by 37 consultants in 1731 uses. They received an 91% rating.

Suggested Retail Cost

- \$32.00 per bag of 100

Product Features

Safe-Flo Saliva Ejector inserts easily into standard low-volume suction valve. The one-way safety valve is a bulge at the base of the ejector tubing and does not interfere with the connection to the suction valve. Consultants found the saliva ejectors to be easy to

Consultants' Comments

- ◆ "These saliva ejectors seemed to keep their shape much better than the ones we were using."
- ◆ "No backflow - good suction without tissue trauma."
- ◆ "It did not capture the cheek or stick to the soft tissue - resulted in less patient discomfort."
- ◆ "Made me think about the cross contamination aspects of a vacuum system."
- ◆ "Seemed to come out of on/off valve too easily - need to fit the tubing tighter."

bend and once adjusted, the shape was maintained. Ease of access to quadrants was rated as very good to excellent. Consultants who routinely flush vacuum lines between patients found **Safe-Flo Saliva Ejectors** to be an easier way to provide protection from contaminated materials. Sixty-five percent of consultants effectively used them for retraction. Forty-nine percent of consultants reported that **Safe-Flo Saliva Ejectors** were better than other saliva ejectors and 35% reported they were equivalent. As an infection control device, 92% of consultants reported that **Safe-Flo Saliva Ejectors** were better. Sixty-two percent would switch to **Safe-Flo Saliva Ejectors** and 78% would recommend them. ■

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www.airtechniques.com

Description

AirStar 70 Dental Air System is a 100% oil-free air compressor with membrane drying technology. This technology is designed to provide the driest possible compressed air at all times, on demand, with no interruptions. **AirStar 70** has Teflon technology, which removes the need for oil-driven mechanisms. A Teflon ring lubricates the precision cylinder housing the piston, leading to a near frictionless motion. The main tank of the **AirStar 70** and all **AirStar** compressors are now lined with a patented antimicrobial coating to inhibit the growth and transmission of harmful bacteria. This patented, silver-based powder coating uses environmentally sustainable silver ions that work 24/7 to protect against bacterial cell functions, by disrupting and prohibiting their growth and reproduction. Silver ions have proven effective at inhibiting the growth of many types of bacteria. This latest technology, which creates a uniform, total surface covering, ultra-thin internal lining, protects instruments and handheld equipment from oxidation and preserves the patients' health. The **AirStar 70** is virtually maintenance-free. There is no oil to monitor or change; it only requires an annual filter change. The **AirStar 70** can accommodate up to 10 air users and complies with NFPA 99C Level 3. The improved air intake filters, rubber shock mounts and flat frame on the **AirStar** systems are designed to reduce vibration for a quieter performance. **AirStar 70** with the optional sound cover was evaluated by eight consultants over a period of six months. It received a 96% rating.

Suggested Retail Cost

- \$15,215 / AirStar 70 and Sound Cover

Equipment Features

Consultants reported that the **AirStar 70** provided strong and consistent power for many operators and required no regular maintenance. The optional sound cover requires extra wiring for its cooling fans but completed the system with an installation that reduces operating noise. Compared to oiled compressors,



Consultants' Comments

- ♦ "Quiet and requires little maintenance while providing consistent air pressure."
- ♦ "Very low maintenance, no oily smell."
- ♦ "Handpieces run strong, air lines are moisture free, and many operators are able to work at one time."
- ♦ "Unit is large."

AirStar 70 requires much less maintenance. Thirty-eight percent of consultants reported that **AirStar 70** was better than their current air compressor and 62% reported that it was equivalent. Eighty-eight percent would switch to **AirStar 70** and 100% would recommend it.

Clinical Tips

- Install the sound cover – besides reducing noise, the unit is less likely to get dusty and dirty.
- Install tubing to drain the small amount of water from condensation. ■

E-Z Blok + + + 1/2

Liberty Global Group
714.258.7998
www.ezblok.com

Description

E-Z Blok is a disposable plastic bite block with tongue retraction. **E-Z Blok** is designed to make dental procedures easier by helping patients keep their mouths open during procedures, while keeping the tongue blocked and helping prevent iatrogenic injuries to the tongue. The bite block has a hole designed for insertion of a saliva ejector and is available in a universal size that fits most adults and children five years and older. **E-Z Blok** is sold in left “L” and right “R” configurations in packages of 20 (10 pieces each side). **E-Z Blok** was evaluated by 33 consultants in 469 uses. It received an 85% rating.

Suggested Retail Cost

- 19.95/package of 20

Product Features

Consultants reported that **E-Z Blok** was easy to use and provided great tongue retraction. The hard plastic does not provide any cushion for the teeth to close into, and the teeth would often slip out of position. The size is good for small mouths but did not provide wide enough opening in many cases. Seventy percent of consultants reported that it was a good value due to low cost. Most

Consultants' Comments

- ◆ “Quick and easy - no set up required.”
- ◆ “Great tongue retraction - I liked it best for kids with busy tongues.”
- ◆ “Good product for use during digital scanning - maintains a dry field and the tongue retraction is key.”
- ◆ “The hard material is uncomfortable for the patient.”
- ◆ “The material is too rigid - needs to be softer so patient can bite down easier.”
- ◆ “Make this in two or three sizes, including a larger size for adults.”

consultants found it to be rigid and uncomfortable for the patient. The size was not correct for many patients. Thirty-six percent of consultants reported that **E-Z Blok** was better than their current bite block and 24% reported that it was equivalent. Thirty-six percent would switch to **E-Z Blok** and 67% would recommend it.

Clinical Tips

- Bend the saliva ejector for better retention in the block.
- Rotate the block into the mouth to capture the tongue.
- The “Left” and “Right” designations on the packages refer to the patient’s side where the block is placed, not the operative side. ■



Free product samples or additional information from:

- 3M ESPE Adper Easy Bond • 3M ESPE Filtek Supreme Ultra
- 3M ESPE Lava Crowns and Bridges • Beautifil II • Better
- Faster Cheaper (BFC) Syringe • BEYOND Max5 Treatment Kit
- BEYOND Polus Whitening Accelerator with Premier Treatment Kits • Bifix SE • BOND FORCE • Bond-1 SF Solvent Free SE Adhesive • BRAVO • Build-It FR and Build-It Core Forms
- Butler Paste-Free Prophyl • Cavex ColorChange • CLEARFIL SE PROTECT • Correct Plus • Dazzle Advanced Teeth Whitening System • Duraflor Halo 5% Sodium Fluoride White Varnish • e-Dx
- E-STATIS Electric Handpiece System • Enamel Pro Varnish
- EndoGel • ESTELITE FLOW QUICK • ESTELITE FLOW QUICK High Flow • Estelite Sigma Quick • ExactaTrays • EXAlence
- F-Splint-Aid • Fissurotomy Diagnostic Kit • FL BOND II • Fusio Liquid Dentin • GC KALORE • Gorilla Seal • Great White No.2
- Great White Ultra Crown & Bridge Prep • Helios 3000 LED Operating Light • Hema-Benz Desensitizer • Hemaseal and Cide
- ice • IPS e-max • KENDA G.P.S. • KromaFaze Singles
- LumaCool Whitening Pens • Luxator • Microbrush Tube Series – Disposable Applicators • N'Durance Dimer Flow • NX3 Nexus Third Generation • OneGloss PS • OptiBond All-In-One • Optim 33TB • Oxford Bond SE • RaySafe • Safe n Sure Deluxe
- sani-treet GREEN • Septoject XL • seT • Sock It! • SolaraPlus • SpeedCEM • STATMATIC • SuperSnap Rainbow Technique Kit
- Team Vista • TOPEX ReNew • Vista-Tec

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www.dentaladvisor.com/clinical-evaluations/request-a-sample-or-more-information.shtml

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Finnigan Enterprises, LLC
888.686.1950

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a sample or more information!



Description

OXFORD BOND SE is a self-etching, dual-cured adhesive (7th-generation) for the bonding of composites, compomers and resin-modified glass ionomers to enamel and dentin. It can be used in both direct and indirect applications. **Oxford Bond SE** is available in unit-dose packages or 5 mL bottles and contains two components that must be mixed together. After mixing and application to the tooth, it should be cured for 20 seconds. Each kit contains either two 5 mL bottles of **Oxford Bond SE** or 35 *SingleMix* units along with micro-tipped brushes. The product can be stored at room temperature (77° F). Twenty-eight consultants used **OXFORD BOND SE** in 778 uses. It received an 86% clinical rating.

Suggested Retail Cost

- \$153.00 / 2 x 5 ml/2-bottle kit
- \$135.00/ 35 x 0.15 ml/unit-dose kit

Product Features

Consultants reported that ease of use of **OXFORD BOND SE** was good, and most used it for routine direct composite restorations. They liked the dual-cured feature although most consultants light-cured the product. The bonding agent wets the tooth well, and it is easy to achieve a glossy surface after application. No post-operative sensitivity was reported. The unit-dose packaging is clever, with two layers of foil that when punctured with the brush allow the two components to combine. Twenty-nine percent of consultants reported that **OXFORD BOND SE** was better than the bonding agent they were using, while 43% said it was equivalent. Fifty-four percent of consultants reported that they would switch to **OXFORD BOND SE** and 79% would recommend it.



Consultants' Comments

- ◆ "I liked the single-dose package, although it is somewhat hard to penetrate the foil and because the well is deep I cannot see if it is completely mixed."
- ◆ "Surface is glossy after a single application."
- ◆ "Versatile product - compatible with dual-cured resin cements."
- ◆ "Has a strong odor."
- ◆ "Provide a laminated instruction card."
- ◆ "Make bonding brushes sturdier (less flexible at the neck) and the brush tip smaller."

Clinical Tips

- Do not use in combination with substances containing eugenol or store in proximity of eugenol-containing products.
- Be sure to agitate material for 30 seconds.
- Use the handle end of the brush to pierce the unit-dose foil - the brush end is too flimsy. ■

Air Techniques

1-800-AIR TECH • 1-516-433-7676

www.airtechniques.com

Description

POLARIS is a digital intra-oral camera system with direct USB connectivity to provide both power and data transfer, as well as room-to-room mobility. **POLARIS** features a low-glare LED light and fixed focus lens (allowing objects from 6 mm to 40 mm to remain in sharp detail), as well as a 330-degree swivel head for ease of capturing all angles. **POLARIS** is designed to have superior optics, a broad focal range and to capture images upon release of the button for single-handed operation. **POLARIS** is automatically activated once removed from its holster and turns off once it is replaced. **POLARIS** is indicated for use in aiding patient diagnosis and case presentation. The data captured by **POLARIS** is automatically processed and can be viewed and stored within the patient's electronic chart by using **VISIX** imaging software or most other TWAIN 2.1 compliant dental imaging software programs. Minimum computer requirements are: Pentium 4.2 GHz or higher, Windows XP Professional 32/64-bit processor; Microsoft Windows Vista Business, Enterprise, or Ultimate 32/64-bit processor; Microsoft Windows 7 Professional, Enterprise, or Ultimate 32/64-bit processor; DirectX 9 or later, RAM – 256 MB, CD-ROM drive – 24X or higher, monitor – SVGA 17" with 1024 x 768 resolution or higher, 16 MB video card supporting 800 x 600 pixels with 32-bit color, USB Port – must be USB 2.0 high speed, high power port, keyboard/mouse – standard, and printer – optional. The package includes the **POLARIS** camera, quick disconnect connector, 10-foot camera handpiece cable with USB connector, handpiece holder with chairside adapter, 500-count pack of disposable camera covers, CD with drivers and manual, Quick Start instructions, and product literature. **POLARIS** was utilized by eight consultants in 226 uses. It received a 92% clinical rating.

Suggested Retail Cost

- \$4995/Polaris
- \$5495/Polaris Universal



Consultants' Comments

- ◆ "Nice, clear images - releasing button to capture image is a good idea."
- ◆ "Swivel capability, comfort for practitioner and images are nice."
- ◆ "Software was not easy to set up."
- ◆ "I would like a higher resolution for crisper display on larger monitors and better print quality."

Product Features

POLARIS camera is simple to use for acquiring quick images of patients' oral conditions. The "capture upon release" feature of the button on the handpiece allows the user to focus on an area with the button depressed and then capture it by releasing the button. Compared to units that have a push-button capture, this avoids fumbling for the button or inadvertently moving the camera while pressing a button down. The camera is relatively lightweight and has a swivel connection to the long cord for maneuverability. Illumination from the LEDs is adequate, and focus occurs quickly once the camera is stabilized. Once the software is installed in each operatory, the camera is portable among rooms. Some consultants reported that the software was not easy to set up or use. However, since the introduction of the TWAIN interface (after this evaluation) **VISIX** imaging software is no longer required to run **POLARIS**. Fifty percent of consultants reported that **POLARIS** was better than their current intra-oral camera and 38% reported it was equivalent. Sixty-two percent would switch to it and 100% would recommend it. ■

Air Techniques

1-800-AIR TECH • 1-516-433-7676

www.airtechniques.com

Description

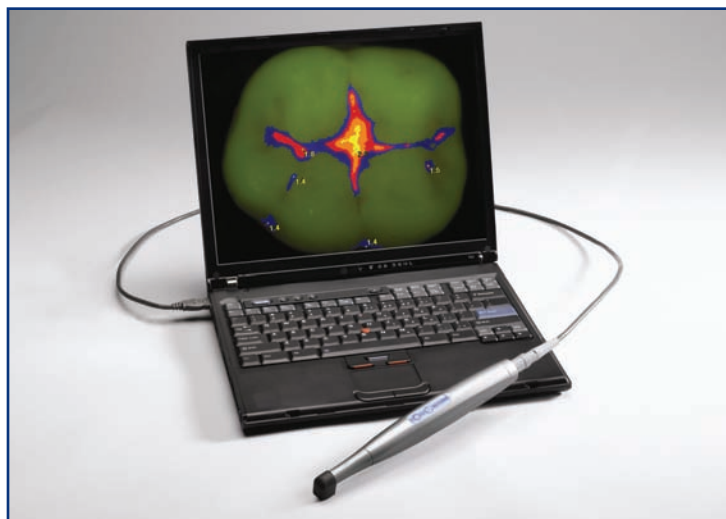
Spectra Caries Detection Aid is a digital imaging product used as an aid in caries detection. The hand-held unit is the size and shape of an intraoral camera and detects tooth decay by measuring increased light-induced fluorescence. **Spectra** is designed to identify cariogenic bacteria in fissures on occlusal surfaces. **Spectra** can also be used during the restorative phase to verify that all caries have been removed. A visual display on the monitor shows caries in red and healthy tooth enamel in green. Along with the colors, a numerical reading defines the potential caries activity on a scale from 0 to 5. The data captured by Spectra is automatically processed and can be viewed and stored within the patient's electronic chart by using **VISIX** imaging software or most other TWAIN 2.1 compliant dental imaging software programs. When used with the **VISIX** software program, this can easily bridge/integrate with most other existing practice management software programs. Minimum computer requirements are: Pentium 4.2 GHz or higher, Windows XP Professional 32/64-bit processor; Microsoft Windows Vista Business, Enterprise, or Ultimate 32/64-bit processor; Microsoft Windows 7 Professional, Enterprise, or Ultimate 32/64-bit processor; DirectX 9 or later, RAM – 256 MB, CD-ROM drive – 24X or higher, monitor – SVGA 17" with 800 x 600 resolution or higher, video display adapter – 16 MB video card supporting 800 x 600 pixels with 32-bit color, USB Port – must be USB 2.0 high speed, high power port, keyboard/mouse – standard, and printer – optional. The package includes the **Spectra** handpiece, **VISIX** Software disk, operator's manual, USB device, drivers disk, 50 disposable camera sheaths, 10 spacers, handpiece holder, USB cable, Quick Start instructions, and product literature. The **VISIX** software was installed and activated in all of the consultants' offices and the **Spectra Caries Detection Aid** was utilized by nine consultants in 238 uses. It received a 91% clinical rating.

Suggested Retail Cost

- \$4,995

Product Features

Using the **Spectra** camera requires simply plugging it into a USB port and activating the capture button. A hood over the tip of the camera maintains the proper distance between the lens and the surface of the tooth. Consultants reported that the resulting image



Consultants' Comments

- ◆ "Easy to use and no calibration required."
- ◆ "Patients love to see the pictures of their teeth. They like the high-tech nature of the process, and it is a great motivator to follow through with treatment."
- ◆ "Easy to use once installed properly. I really like this unit!"
- ◆ "Easy to see the lesion with the color display."
- ◆ "We had some problems with the **VISIX** software."

was easy to read on the monitor. The color and numerical display creates a map on the surface of the tooth, guiding the dentist in diagnosis and areas to consider for treatment. For accurate results, it is critical that the surfaces to be examined are clean and free of plaque or debris. Some consultants had challenges with setting up the unit and with the **VISIX** software, especially integrating it with the practice management software. However, since the introduction of the TWAIN interface (after this evaluation) **VISIX** is no longer required to run **Spectra**. Forty-four percent of consultants reported that **Spectra** was better than their current method of caries detection and 44% reported it was equivalent. Fifty-six percent would switch to it and 56% would recommend it.

Clinical Tips

- Use a prophyl brush to clean the grooves before scanning the tooth. Tooth must be perfectly clean and dry to avoid a false positive.
- Integrate into dental office software for seamless transition, usage, and data storage. ■

Sonicare FlexCare+ 6-month Clinical Performance

Philips Oral Healthcare, Inc
800.682.7664 • 425.396.2000
www.sonicare.com

Description

The **Sonicare FlexCare+** is a rechargeable sonic toothbrush, with a UV brush head sanitizer, that is designed to provide complete gum care. The cleaning action drives fluid between the teeth to remove plaque along the gumline and deep between the teeth. The **Sonicare FlexCare+** provides five user modes to improve gum health: Clean (for whole mouth cleaning), Gum Care (for improved gum health), Refresh (for quick touch-ups), Sensitive (extra-gentle on sensitive teeth) and Massage (for gum stimulation) – backlighting indicates selected mode. **Sonicare FlexCare+** features the *Quadpacer* and *Smarttimer* which encourages the recommended whole mouth cleaning for two minutes; the tone changes when it is time to move to the next quadrant of the mouth. The UV brush head sanitizer is designed to kill up to 99% of bacteria and viruses on the brush head. The **Sonicare FlexCare+** is sold with a toothbrush handpiece, a standard *ProResults* brush head, a compact *ProResults* brush head, a UV sanitizer, a travel charger, a hygienic travel cap, 3 additional brush head color code rings, and a travel case.

Purpose

The purpose of this study was to evaluate the effect of use of the **Sonicare FlexCare+** on ceramic and composite dental restorations over a six-month period.

Evaluation Protocol

- Ninety-seven patients were provided with a **Sonicare FlexCare+** toothbrush to use at home twice daily for six months.
- Patients had restorations placed within 120 days including anterior porcelain veneers, implant crowns, and various direct composite restorations.
- Ratings of the appearance of the restorations were recorded at baseline.
 - Restorations were rated on the following scale: 1=Poor; 2=Fair; 3=Good; 4=Very Good; 5=Excellent

Results

At placement and before use of **Sonicare FlexCare+**, restorations were rated for condition of enamel, marginal integrity and esthetics. Condition of enamel and marginal integrity received ratings of 97 to 100% very good to excellent (Figure 1).

Six months after placement of restorations and use of **Sonicare FlexCare+** by patients, the restorations were rated by dentists and by patients (Figures 2 and 3). Ratings by dentists ranged from 4.6

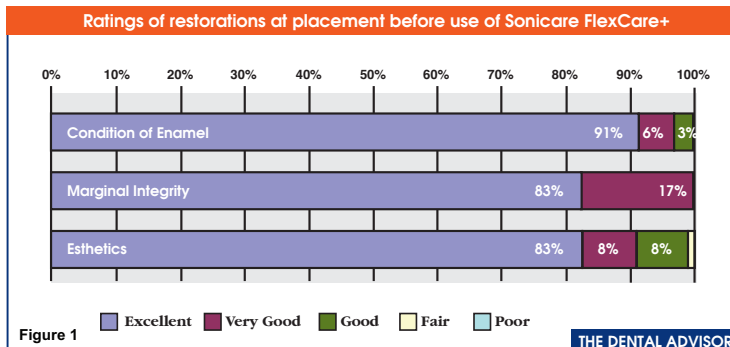


Doctor and Team Comments

- ◆ “No staining or problems.”
- ◆ “Restorations look great! Good luster, texture and color.”
- ◆ “The veneers look as good as the day we placed them.”
- ◆ “Oral hygiene has improved - it's much better.”
- ◆ “Sonicare FlexCare+ helps to keep the restorations looking like new.”
- ◆ “The toothbrush was very gentle to the porcelain with no adverse effects.”
- ◆ “Margins, luster and esthetics show no change.”
- ◆ “No change in surface quality of porcelain.”
- ◆ “Luster is really beautiful.”

Patients' Comments

- ◆ “I love it!”
- ◆ “Greatest toothbrush ever used.”
- ◆ “Couldn't be happier.”
- ◆ “Like the fact that I can get the bristles in between the teeth.”
- ◆ “I'm impressed with the results.”
- ◆ “Great device.”
- ◆ “I enjoy using Sonicare FlexCare+ over a manual brush.”
- ◆ “Love my new smile and use the toothbrush religiously.”
- ◆ “After the brush head wears out I will go back to my manual brush.”
- ◆ “Like manual toothbrush better.”



Sonicare FlexCare+ 6-month Clinical Performance

for luster and like-new appearance to 5.0 for patient satisfaction and lack of chipping. Ratings by patients ranged from 4.1 for gentleness of *Sonicare FlexCare+* on teeth, gums and restorations to 4.5 on overall clean feeling after use.

Ratings by dentists after use of Sonicare FlexCare+ by patients for six months

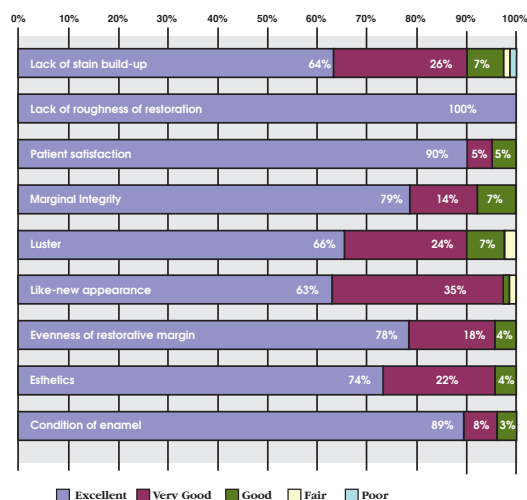


Figure 2

THE DENTAL ADVISOR

Ratings by patients after their use of Sonicare FlexCare+ for six months

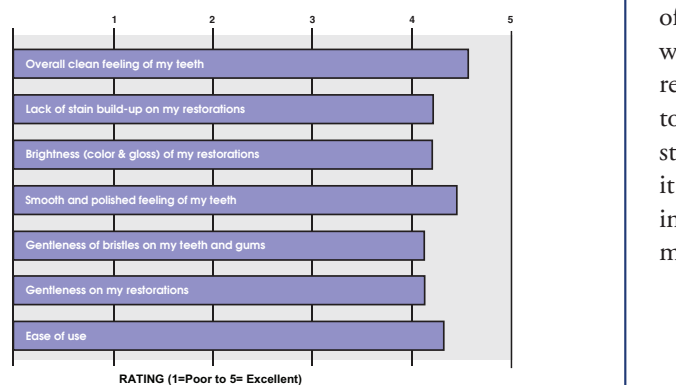


Figure 3

THE DENTAL ADVISOR

After using *Sonicare FlexCare+* for six months, 85% of patients preferred it over their previous toothbrush (Figure 4).

Patient preference for Sonicare FlexCare+ after use for six months

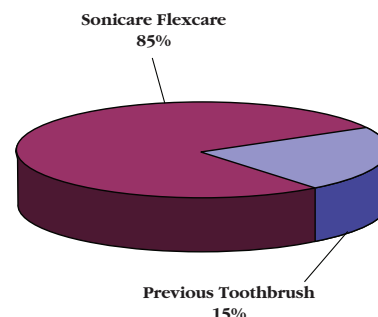


Figure 4

THE DENTAL ADVISOR

Summary

After using *Sonicare FlexCare+* for six months, 79% of patients' perception of power toothbrushes changed for the better. Ninety percent of users indicated that they would continue using their *Sonicare FlexCare+* toothbrush. Doctors' ratings of condition of the enamel, esthetics and marginal integrity of the restorations were virtually unchanged from baseline to six-month recall. Patient response was overwhelmingly positive with the majority willing to recommend and continue using *Sonicare FlexCare+*. While staining was observed on some patients' teeth and restorations, it was not attributed to the toothbrush. Many doctors noted an improvement of their patients' overall gingival health after six months of using *Sonicare FlexCare+*. ■

Air Techniques

1-800-AIR TECH • 1-516-433-7676

www.airtechniques.com

Description

STS-6 Dual Stage Dry Vacuum System (Super Turbine Suction) with eight-gallon CAS (Cyclonic Action Separator) is an oil-free and maintenance-free dry vacuum system for the dental office. It has a space-saving design and nickel-plated impeller and housing to reduce oxidation and build-up. It is intended to provide vacuum suction during general examinations and procedures. **STS-6** has a high performance two-stage motor and is available in seven different models in either a stacked or side-by-side configuration. The CAS tank will ensure that no liquids or foams enter the vacuum pump. The relief valve is easily accessible on the CAS. The unit requires no regular maintenance. **STS** units come with a five-year limited, extended warranty. **STS-6** was evaluated by eight consultants over a period of six months. It received a 98% rating.

Suggested Retail Cost

- \$11,785 / **STS-6 Dual Stage Dry Vacuum System** with 8-gal. CAS

Equipment Features

Consultants reported that **STS-6** worked well and consistently with no maintenance required. With multiple hygiene and doctor operatories in use simultaneously, the system provided very good suction. Dental staff appreciated that there was no suction trap to clean. Seventy-five percent of consultants reported that **STS-6** was



Consultants' Comments

- ◆ "Performed flawlessly with no direct maintenance required - no suction trap to clean."
- ◆ "Strong suction, no maintenance, not too noisy! Appearance is nice and neat - everything is enclosed."
- ◆ "I like the automatic washout system that rinses debris from inside of the canister; we used to routinely do it manually."

better than their current vacuum system and 25% reported that it was equivalent. Eighty-eight percent would switch to **STS-6** and 100% would recommend it.

Clinical Tip

- Run CleanStream evacuation system cleaner through suction lines at the end of each work day. ■

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