

THE DENTAL ADVISORTM

Improving Patient Care Through Research & Education

2013 CLINICAL PROBLEM SOLVERS

Dentists and their staff face daily challenges with materials and equipment when treating patients. Most teams have identified “go to” products that are helpful. These products can solve a clinical problem and save time, headaches, and costs.

This issue of THE DENTAL ADVISOR reports on products recommended by the editorial team of THE DENTAL ADVISOR. Each product has been identified as an excellent choice for solving a particular clinical challenge.

July/Aug 2013

Vol. 30, No. 6

MAIN TOPIC

Clinical Problem Solvers 2

CLINICAL EVALUATIONS

G-CEM LinkAceTM
(Self-adhesive Resin Cement) 9
e-on Universal Composite 10
Evadyne Plus
(Temporary Filling Material) 14
Cavios (Cavity Liner) 15
NanoCeram-Bright
(Universal Composite) 16

LONG-TERM EVALUATIONS

Prime & Bond NT 12-year Clinical
Performance (Bonding Agent) 7
3M ESPE RelyX Unicem
Self-Adhesive Resin Cement
10-year Clinical Performance 8

EDITORS' CHOICE

SNAP Cosmetic
Simulation Software 11
Sofreliner Tough S
(Denture Lining Material) 12
Munce Discovery Burs
(Carbide Endodontic Burs) 13
MIXPACTM T-Mixer
(Mixing Tips) 14



www.dentaladvisor.com

RATINGS:

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

July/Aug 2013

Vol. 30, No. 06

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

From the Desk of Dr. Bunek, Editor-in-Chief



As one of the evaluators for THE DENTAL ADVISOR, I get to work with most products out on the market. So, it is not surprising that one of the most common questions asked from our readers is “what product do you use?” Many of the members of our editorial board who are out lecturing are asked the same question. We realize that dentists and their teams face daily challenges with materials and equipment when treating patients, and that it can be difficult to keep up with the vast array of materials on the market.

For this issue, we have selected products that we have found to be excellent for solving a particular clinical challenge. As practicing clinicians, we do not always agree on what works best. However, each of us always knows why it works for us, and this issue illustrates those specifics.

The “Clinical Problem Solver” is a special editorial designation we give to those products that we reach for in the toughest clinical situations. The issue includes comments from our editorial board about why the product works for them, and the specifics surrounding the clinical problem. I hope you’ll find this information useful and please feel free to email us some of your “go-to” product suggestions for next year. Enjoy!

2013 CLINICAL PROBLEM SOLVERS

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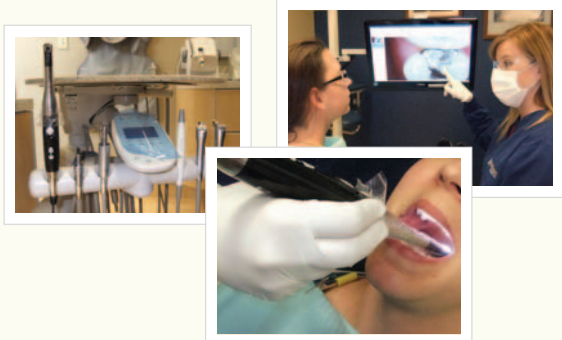
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IRIS Intraoral Camera (Digital Doc)

(800) 518-1102 | www.digi-doc.com
Clinician: Dr. Brent Kolb

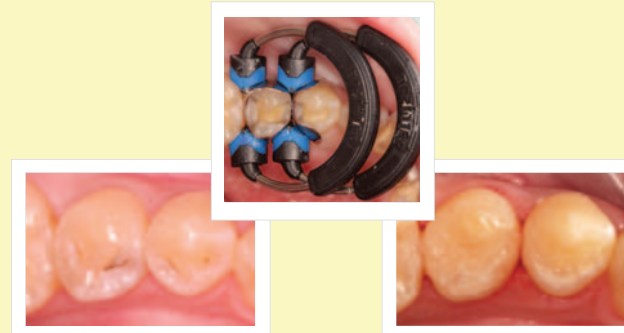


CLINICAL PROBLEM: Intraoral cameras do not get used by my staff because they are difficult to use and integrate in our practice.

SOLUTION: We have tried many intraoral cameras and this is the one my staff gravitates towards. It is lightweight, easy to use, and integrates seamlessly with our *Eaglesoft* program. The image quality and detail are exceptional! My assistants' favorite feature is the responsiveness of the capture buttons. Overall, the camera has been a great educational tool for our practice!

Composi-Tight™ 3D XR Sectional Matrix System (Garrison Dental Solutions)

(888) 437-0032, (616) 842-2244 | www.garrissondental.com
Clinician: Dr. Sabiha S. Bunek



CLINICAL PROBLEM: Hard to establish interproximal contacts with good contours and little flash.

SOLUTION: *Composi-Tight™ 3D XR Sectional Matrix System* has become my go-to product for all class II restorations. The silicone rings are gentle on the patient's gingiva and the entire system is easy to place. The rings are retentive and stackable so I can restore multiple restorations at the same time. Once removed, very little needs to be done to contour the restoration.

3M ESPE Retraction Capsule (3M ESPE)

(800) 634-2249 | www.3mespe.com
Clinician: Dr. Lori Brown

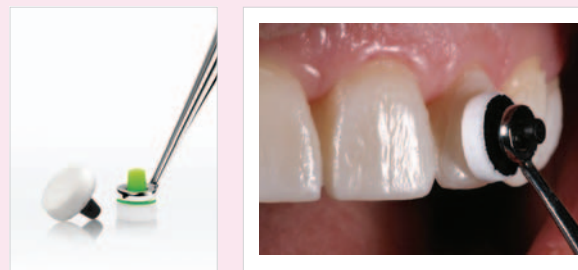


CLINICAL PROBLEM: It can be hard to control moisture and bleeding during the cementation of an all-ceramic restoration.

SOLUTION: *3M ESPE Retraction Capsule* is an astringent retraction paste system supplied in a single-use capsule. It contains 15% aluminum chloride and can be used with or without retraction cord. If I find myself struggling to keep my working field dry and free of heme during a cementation appointment, I apply *3M ESPE Retraction Capsule* around the tooth because it is quick and easy. To use, place the paste in the sulcus. After a minimum of 2 minutes, the use of vigorous air-water spray is recommended to completely remove any residue off of the teeth. The astringent property of the paste stops bleeding stops the flow of crevicular fluid and leaves the tissue dry.

OptraSculpt Pad (Ivoclar Vivadent)

(800) 533-6825 | www.ivoclarvivadent.com
Clinician: Dr. Edward Lowe



CLINICAL PROBLEM: Composite sticking to the instrument during placement and shaping of anterior restorations.

SOLUTION: The *OptraSculpt Pad* is an instrument with non-stick foam pad attachments used to place and contour composites, particularly Class III, IV, or V restorations. I personally like the *OptraSculpt Pad*, because I can spread the composite on the tooth easily without it adhering to the instrument, and it creates a smooth surface. I have also found the *OptraSculpt Pad* useful to hold veneers in place during cementation. The kit comes with two sized pads (4 mm and 6 mm) that can be inserted into a handle. Definitely a must-have product!

SonicFill

(Kerr Corp.)

(800) 537-7123, (714) 516-7400 | www.sonicfill.kerrdental.com
Clinician: Dr. Jim Olsen



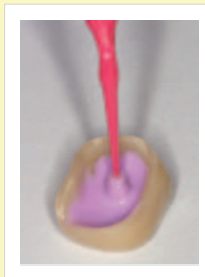
CLINICAL PROBLEM: Incremental layering of posterior composites can be time-consuming and tedious.

SOLUTION: *SonicFill* is one of my favorite products on the market. Having the ability to bulk fill up to 5 mm with this system has saved me time, and as a result, I have shortened the allotted procedure time needed for posterior composites. The sonic activation allows the composite to flow and adapt into the cavity preparation without much manipulation. In addition to handling well, the composite is strong enough to use as the final restoration, and it looks great too! Also, there have been no reports of post-op sensitivity from my patients.

Ivoclean

(Ivoclar Vivadent)

(800) 533-6825 | www.ivoclarvivadent.com
Clinician: Dr. Sabiha S. Bunek



CLINICAL PROBLEM: Zirconia crowns debonding.

SOLUTION: Phospholipids found in saliva contain the same type of phosphate groups found in zirconia primers. As a result, once a crown is contaminated after try-in, the phosphates from saliva bond to the intaglio surface of the zirconia crown. Rinsing with water and air are not effective in removing the phosphates, and cleaning with phosphoric acid etch will only make the problem worse. The only effective way to remove the phosphates groups prior to placing zirconia primer is to clean the surface with Ivoclean after try-in. I feel better using this product and doing everything I can to enhance bonding!

3M ESPE Impregum Penta Impression Material

(3M ESPE)

(800) 634-2249 | www.3mespe.com
Clinician: Dr. Michelle Elford



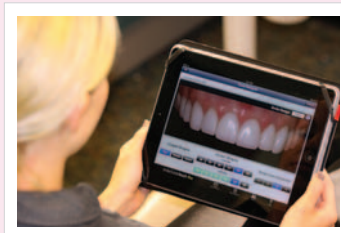
CLINICAL PROBLEM: Hard to capture margin detail with sub-gingival preparation.

SOLUTION: *3M ESPE Impregum Penta Impression Material* is a hydrophilic polyether impression material which has served my operative impression needs well for many years. I currently use the *Impregum Penta*, which is mixed in a *Pentamix* that easily dispenses a uniform impression paste. The *Impregum* material is excellent in clearly capturing deep subgingival margins, or in areas where saliva or minimal bleeding creates a moist surface. Its ease of use, impression clarity, and lack of distortion make it an accurate and great impression material.

Smile Guide Touch Pro

(Digident, LLC)

(800) 741-7966 | www.smileguidetouch.com
Clinician: Dr. Jim Olsen

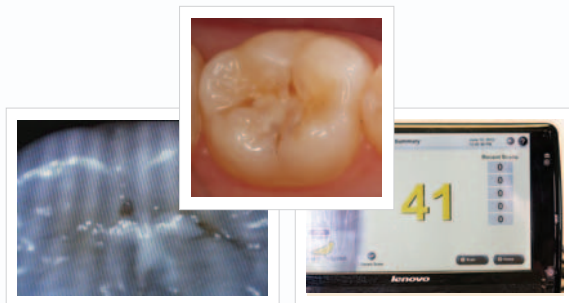


CLINICAL PROBLEM: Communicating with a dental lab and providing accurate patient smile design are often a challenge. Creating documents with photographs to support informed consent forms when communicating with patients on large cosmetic cases can assist with case satisfaction.

SOLUTION: The *Smile Guide Touch Pro* is a great tool to assist in your communications with your patient and lab. It provides a fairly specific design format that allows you to get the result you desire. You can save, print or email your preferred smile designs. To reinforce your communication with a patient on a large cosmetic case, make a PDF of the Smile Design Rx and import it into your patient record. Include the photo of the design, a photo of the temps, and a photo of the final case with patient consent at each step of the procedure.

The Canary System (Quantum Dental Technologies)

(866) 993-9910 | www.thecanarysystem.com
Clinician: Dr. Lori Brown



CLINICAL PROBLEM: Hard to diagnose whether staining around sealants are carious.

SOLUTION: *The Canary System* uses a laser light to measure the level of luminescence and heat that is released from the tooth to detect early carious lesions. I have used other caries detectors on the market that have utilized laser technology but none have been able to detect lesions around existing composites and amalgam restorations. The scan only takes a few seconds and is pain-free. A numerical readout indicates the degree of decalcification in the tooth structure, assisting in determining the proper intervention. With early detection, I can begin remineralization therapy. So far my staff and I have been really impressed with this system!

Bluephase Style (Ivoclar Vivadent)

(800) 533-6825 | www.ivoclarvivadent.com
Clinician: Dr. Michael Koczarski



CLINICAL PROBLEM: Most LED-curing lights are unable to cure some of the newer photo-initiators that are found in composites.

SOLUTION: Our office switched to *Bluephase Style* LED-curing lights because it is hard to keep up with which curing lights are compatible with the newer photo-initiators. The *Bluephase Style* LED curing light utilizes Polywave technology which allows it to achieve a broadband spectrum of 385-515 nm, enabling it to polymerize all dental materials on the market, including the newer photo-initiators. The cordless LED is also lightweight, ergonomic, and allows for easy access to the posterior. Additionally, my assistants love the sleek style of the light and its battery life.

Visalys Temp (Kettenbach LP)

(877) 532-2123, (714) 892-9820 | www.kettenbach.com
Clinician: Dr. William T. Stevenson



CLINICAL PROBLEM: Temporary materials often leave residue on adjacent teeth, and are hard to trim.

SOLUTION: *Visalys Temp* is a temporary crown and bridge material that is easy to trim and polish to a high luster. One thing my staff and I noticed right away was how forgiving the material is in the presence of an undercut...it will not break! The esthetics, lack of residue on adjacent teeth, ease of trimming, and fracture resistance of this material are outstanding. After evaluating this product, my staff wants to integrate *Visalys Temp* into our office permanently! Additionally, it is bisphenol A-free and is available in several shades.

G-aenial Universal Flo (GC America, Inc.)

(800) 323-7063, (708) 597-0900 | www.gcamerica.com
Clinician: Dr. Sabiha S. Bunek



CLINICAL PROBLEM: Anterior chipping that is too small to repair with traditional composite and hard to disguise with traditional flowable composite.

SOLUTION: *G-aenial Universal Flo* is great all-around flowable composite. Its "low-flow" viscosity allows the material to stay and stack in place. It is truly unique because it handles like a flowable but has superior strength and esthetics; therefore, it can be used for Class I, II, III, IV, and V cavity preparations. It has an outstanding chameleon effect, allowing it to blend in to the surrounding tooth structure without having to layer different shades. The plastic dispensing tip is perfect for sculpting the material in place. It is also available in 15 shades and three opacities.

Safe-Vac

(Safe-Vac, LLC)

(702) 860-7600 | www.safe-vac.net

Clinician: Jennifer N. Ireland



CLINICAL PROBLEM: High-volume suction tip can be irritating to patients gum tissue.

SOLUTION: The *Safe-Vac* disposable suction has become a favorite amongst our patients and staff. Our patients have commented at the comfort of the cushioned tip design, and our assistants love the screens that are integrated into the tubes to help avoid obstructions in the line. *Safe-Vac* comes in two versions: a screened blue tip and a standard green tip. The screened tip is intended to capture small parts (i.e., sectioned crowns, implant components) and avoid suction line obstructions.

HYDRIM L110w G4

(SciCan, Inc.)

(800) 572-1211 | www.scican.com

Clinicians: Dr John A. Molinari, Peri D. Nelson



CLINICAL PROBLEM: A higher turnover for processing instruments is needed for a growing dental practice.

SOLUTION: *HYDRIM L110w G4* instrument washer provides an automated cleaning system that has a 10-cassette (8" x 11") capacity. It is designed for medium to large dental practices with five or more operators. Also, in contrast with ultrasonic cleaners, *HYDRIM L110w G4* instrument washers use fresh water and cleaning solutions for each cycle. It can be installed under the counter in a steri-center or as a freestanding unit.

Blossom Avocado Green Nitrile Examination Gloves

(Mexpo International)

(510) 489-6800 | www.blossom-disposables.com

Clinicians: Dr John A. Molinari, Peri D. Nelson



CLINICAL PROBLEM: Nitrile gloves can tear when donning.

SOLUTION: *Blossom Avocado Green Nitrile Examination Gloves* (also branded as *Frutti Treasure Avocado Nitrile Examination Gloves*) are formulated to offer chemical and puncture resistance while providing a comfortable, natural fit. Over the years, the popularity of disposable nitrile gloves has risen to become the latex-free exam glove of choice but some are not as tear-resistant as latex gloves. The durability and strength found in powder-free *Blossom Avocado* gloves makes it a great option for clinicians looking for a strong and durable nitrile glove. They have textured fingertips for better gripping and are available in sizes S, M, L, and XL.

Prime & Bond NT

DENTSPLY Caulk

(800) 532-2855

www.caulk.com

Description

Prime & Bond NT is a light-cured, total-etch bonding agent that contains nanofillers of amorphous silicon dioxide, di- and tri-methacrylate resins, *PENTA* (dipentaerythritol penta acrylate monophosphate), and acetone (solvent). It requires one application followed by a 10-second light cure. **Prime & Bond NT** is designed to bond composite materials to enamel and dentin. It is also indicated for the bonding of veneers, composites and ceramics, as well as an adhesive cavity varnish for amalgam. When using **Prime & Bond NT** to bond crowns and veneers, it must be mixed with Self Cure Activator. The purpose of this study was to determine the long-term clinical performance of **Prime & Bond NT** at 12 years.

Clinical Evaluation Protocol

Prime & Bond NT was used to bond a total of 151 composites, crowns and veneers over 12 years. Self Cure Activator was used with **Prime & Bond NT** in the bonding of crowns and veneers. At 12 years, 84 of these restorations were available for recall (Figure 1). The type of restoration is shown in Figure 2.

Clinical Observations

Lack of Sensitivity

No patients reported any long-term sensitivity in the teeth where **Prime & Bond NT** was the bonding agent used (Figure 3).

Resistance to Marginal Discoloration

Eighty-one percent of the restorations evaluated at recall showed no signs of marginal staining (Figure 3). Slight marginal discoloration was observed in 17% of the restorations and moderate marginal discoloration was observed in 2%. No restorations were replaced or repaired as a result of marginal discoloration.

Retention

No restorations placed using **Prime & Bond NT** debonded during the 12 years in service (Figure 3). One MOD restoration on a premolar fractured and was replaced. One restoration was replaced and extended as a result of recurrent caries. Three restorations were subsequently covered with a crown.

Summary

One hundred fifty-one restorations were placed using **Prime & Bond NT** as the bonding system over the past 12 years. Eighty-four restorations were available for recall. All received excellent ratings for lack of sensitivity and resistance to marginal discoloration. None of the restorations debonded over the 12-year period. **Prime & Bond NT** received a 98% clinical performance rating. ■

12-year Clinical Performance

+++++

Consultants' Comments

*"I have seen almost no marginal discoloration in the restorations I have placed using **Prime & Bond NT** during the past 12 years."*

"The lack of sensitivity in these restorations reminds me why this has always been one of my favorite bonding systems."

FIGURE 1

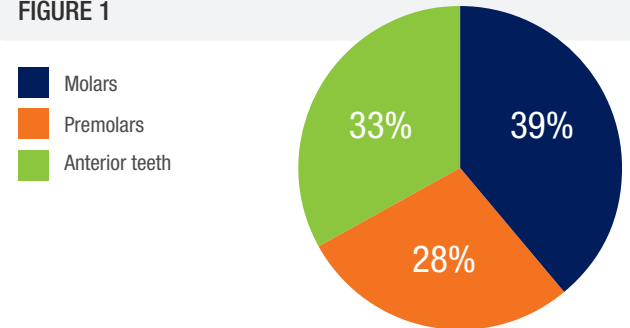


FIGURE 2

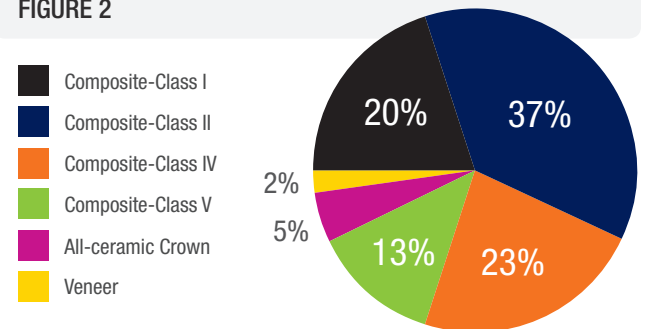
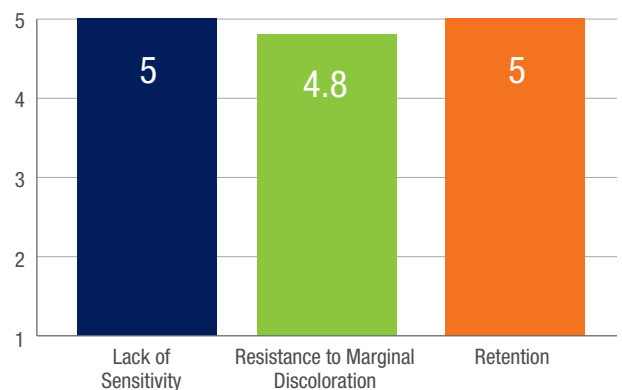


FIGURE 3

Ratings of **Prime & Bond NT** at 12 Years



3M ESPE RelyX Unicem Self-Adhesive Resin Cement

3M ESPE
(800) 634-2249
www.3mespe.com

Description

3M ESPE RelyX™ Unicem Self-Adhesive Resin Cement is a dual-cured resin cement. It is self adhesive, requiring no separate etching, priming or bonding. The cement is filled 72% by weight and contains fluoride. **RelyX Unicem** is available in two capsule sizes (*Aplicap* and *Maxicap*) in shades A1, A2, A3 Opaque, white opaque, and translucent. An upgraded version of **RelyX Unicem**, called **RelyX Unicem 2** is also available in a paste/paste formulation delivered through the *Clicker* or an automix syringe. **RelyX Unicem** is indicated for the cementation of all-ceramic restorations, PFM and metal restorations, crowns, bridges, inlays, onlays, implant abutments and endodontic posts. It is also recommended for cementing CAD/CAM restorations. The *Aplicaps* have enough material to cement one or two restorations, while the *Maxicaps* have enough material for three to six restorations.

Clinical Evaluation Protocol

- More than 6000 restorations have been cemented with **RelyX Unicem** over the past 10 years.
- The restorations include ceramic inlays, onlays, bridges, PFM crowns, zirconia crowns, posts, and CAD/CAM restorations (Figure 1).
- 1,311 anterior and posterior restorations were available for 10-year recall over a six-month period (Figure 2).
- Categories evaluated at recall included: post-operative sensitivity, marginal discoloration, and retention.
- The majority of the posterior restorations were crowns, whereas 10% were onlays, and 2% were bridges (Figure 3).
- Each category was rated on a scale of 1-5: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent.

Clinical Observations

Post-operative Sensitivity

Since its introduction, **RelyX Unicem** has had very few reported instances of post-operative sensitivity (Figure 4). The post-operative sensitivity was 1.1% of the seated restorations and usually occurred shortly after cementation. In most cases, the sensitivity subsided within weeks after cementing the restoration.

Marginal Discoloration

Ninety-two percent of the restorations recalled showed no marginal discoloration (Figure 4). Discoloration at the margin was exhibited by graying at the margin of ceramic restorations. Graying at the margins was observed in 8% of the restorations; 4.8% of the restorations exhibited slight discoloration, 2.2 % exhibited moderate discoloration while 1% exhibited severe discoloration and required replacement (Figure 4). The rate of marginal discoloration of restorations cemented with **RelyX Unicem** is comparable to restorations cemented with 5th- and 6th-generation bonding agents and corresponding light- or dual-cured resin cements.

10-year Clinical Performance

+++++

Consultants' Comments

- “Using **RelyX Unicem**, I am confident in getting good retention.”
- “We use **RelyX Unicem** more often than any other cement in the clinic.”
- “In 10 years of using **RelyX Unicem**, it really has proven itself.”
- “What’s not to like about **RelyX Unicem**?”

FIGURE 1

Types of Restorations Cemented with **RelyX Unicem**

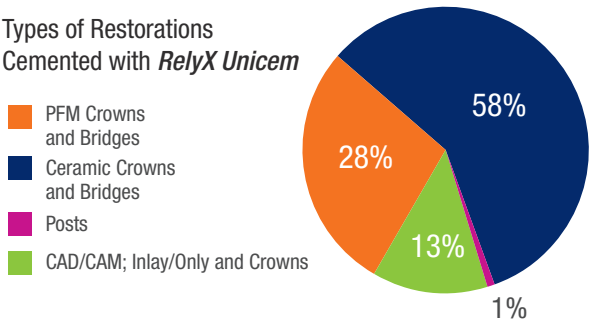
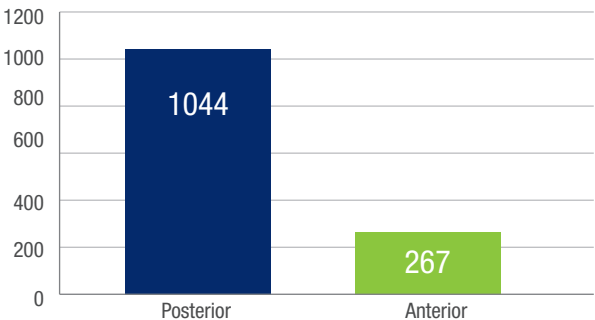


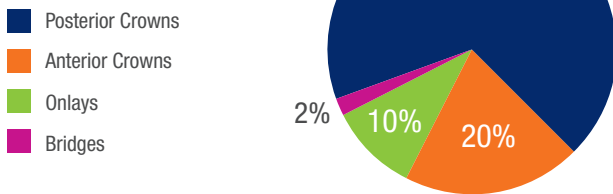
FIGURE 2 **RelyX Unicem** – Number of Restorations at Recall



3M ESPE RelyX Unicem Self-Adhesive Resin Cement 10-year Clinical Performance (cont.)

FIGURE 3

RelyX Unicem – Distribution of Restorations at Recall



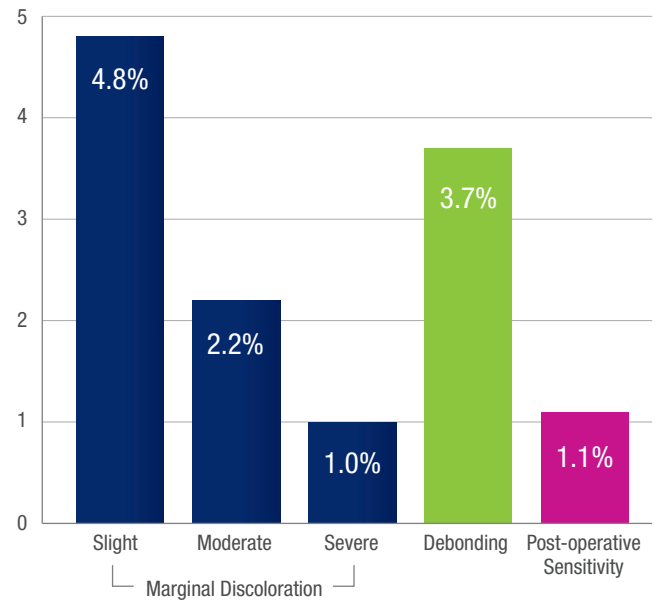
Debonding

Forty-nine (3.7%) of the recalled restorations debonded over the 10-year evaluation period (Figure 4). In 90% of the debonds, most of the cement was in the restoration and not on the prepared tooth. It was also noted that about 20% of the prepared teeth exhibited greying or blackening of the tooth surface. This type of discoloration is commonly seen underneath restorations cemented with adhesive resin cements. The discoloration could be due to bacteria.

Summary

RelyX Unicem has proven to be a reliable, self-adhesive resin cement over the 10-year recall period. This product received a 98% clinical rating. ■

FIGURE 4 RelyX Unicem – Results of 10-year Recalled Restorations



G-CEM LinkAce™

GC America, Inc

(800) 323-7063, (708) 597-0900

www.gcamerica.com

Description

G-CEM LinkAce is a dual-cure, self-adhesive resin cement delivered in a double barrel automix syringe. It is indicated for cementation of all-ceramic, resin and metal-based crowns and bridges, inlays, onlays and posts. Offering the highest polymerization in self-cure mode, **G-CEM LinkAce** provides reliable results, regardless of the type of prosthetic material that is being cemented. **G-CEM LinkAce** contains proprietary phosphate monomers which ensures bonding to zirconia, as well as CAD-CAM and metal-free restorations. Working time is 3:30. Tack curing of margins is recommended, followed by removal of excess cement. Final self-curing occurs in 4 minutes, or the product may be light cured for 20 seconds per surface. **G-CEM LinkAce** is packaged with two 2.7mL syringes of cement, 15 regular mixing tips and five narrow endo tips and is available in shades A2, A3-Opaque, B1-Opaque, and Translucent. **G-CEM LinkAce** was evaluated by 26 consultants in 491 uses. This self-adhesive resin cement received a 93% clinical rating.

Suggested Retail Cost

Standard package: \$135.00

Product Features

The syringe delivery and automix dispensing of **G-CEM LinkAce** were easy to use and provided a homogeneous mix. The viscosity allows complete

++++ 1/2

Consultants' Comments

"So easy and quick to use."

"Viscosity is great for cementing posts."

"The A2 shade provides a nice esthetic result."

"No sensitivity during cementation."

"Remove excess cement before final curing."

seating of posts and restorations. Excess cement was easiest to remove after a short tack cure. Fully set cement is difficult to remove. Consultants reported it was important to maintain pressure on the restoration during the setting time. Twenty-three percent of consultants rated **G-CEM LinkAce** better than other self-adhesive resin cements they were using and 54% rated it to be equivalent. Sixty-two percent would switch to **G-CEM LinkAce** and 81% would recommend it to a colleague.

Clinical Tips

- Maintain moderate pressure on the restoration until curing is complete.
- Store at room temperature. ■

e-on Universal Composite

Benco Dental
(800) 462-3626
www.benco.com

Description

e-on Universal Composite is a light-cured, radiopaque composite restorative material. **e-on Universal Composite** is indicated as a direct restorative for all cavity classes in anterior and posterior teeth, direct composite veneers, splinting, and core build-ups. It can be used with any light-cure bonding system and should be applied in layers of 2 mm or less. It cures in 20 seconds with a curing light with a minimum output of 500 mW/cm² (halogen) or 300 mW/cm² (LED). **e-on Universal Composite** is packaged in 4 g syringes and 0.25 g unit-dose capsules and is available in five VITA shades: A1, A2, A3, A3.5, and B1. **e-on Universal Composite** was evaluated by 29 consultants in 659 uses. This universal composite received an 89% clinical rating.

Suggested Retail Cost	
15 unit dose capsules	\$59.49
Syringe	\$59.49

Product Features

e-on Universal Composite was easy to place and it did not stick to instruments. The viscosity helped to form solid contacts and the material was sculptable. Shades blended well with enamel for very good final esthetics. The limited shade availability was adequate for general use but not extensive enough for highly esthetic restorations. All consultants who took radiographs of **e-on Universal Composite** found it to be radiopaque.

Clinical Tip

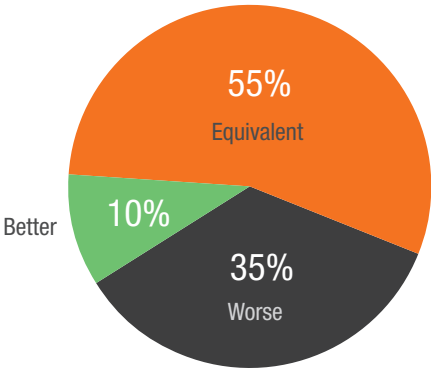
- Shield from ambient light for increased working time. ■

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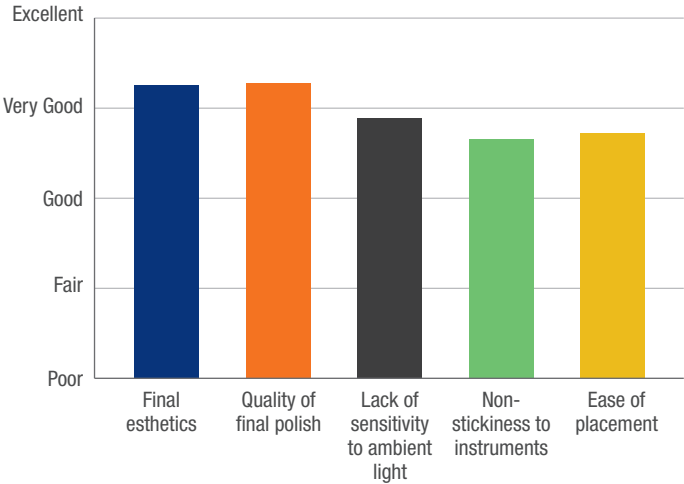
Consultants' Comments

- "Consistency is just right."
- "Polishes well."
- "Does not stick to instruments."
- "Capsules should be labeled with the name of the composite."

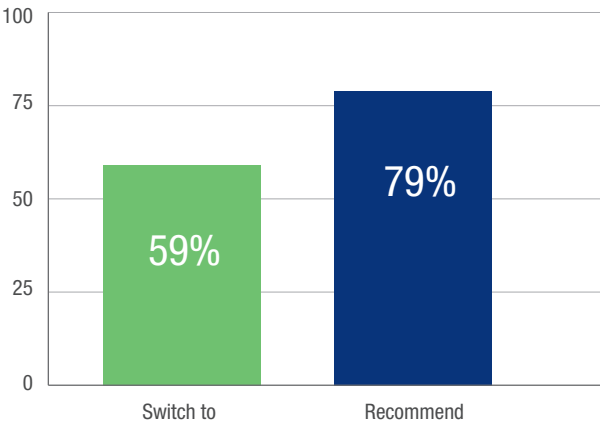
Consultants compared e-on Universal Composite to other universal composites:



Important Features of a Universal Composite:



Percentage of consultants who would:



SNAP Cosmetic Simulation Software

Snap Imaging Systems

(855) 517-2889

www.SnapDentalSoftware.com

Description

SNAP Cosmetic Simulation Software is designed to aid dental professionals in increasing case acceptance by providing patients with an “Instant Digital Makeover,” so that they can envision themselves once the recommended dental treatment has been completed. Users can generate a take-home photo that patients can continue to look at, with the goal of motivating them to ultimately schedule treatment. The *Before* photo is taken and the software simulates an *After* image that exhibits the results of cosmetic procedures including but not limited to teeth whitening, crowns, veneers, fillings, crown lengthening, diastema closure, bridges, and implants. The *Before* photo can be uploaded into the software program from existing files on your computer or via a USB connection cable or memory card transfer using almost any digital camera. The **SNAP** software is procedure-oriented and automatically guides the user through the simulation process with minimal training and effort. Following simulation, the *Before/After* photos can be shown side-by-side and can be printed for patients to take home. The printed photos can be customized with patient and office information and then acts as a marketing piece that increases word-of-mouth referrals because patients tend to share the photo with friends and family for opinions on accepting the recommended treatment. **SNAP** software archives the *Before/After* photos, which can also be used in a slide show format as a patient education tool or as an aid in case presentations so patients can visualize and compare various treatment options. **SNAP** is available in two versions: a single license, which activates the software on one workstation, and a network license for multiple workstations. **SNAP Cosmetic Simulation Software** was evaluated by 18 consultants in 292 uses. This imaging software received a 93% clinical rating.

Product Features

SNAP Cosmetic Simulation Software is easy to install, and 100% of consultants reported that anyone in the office could easily learn and use **SNAP**. For consultants who needed assistance with installation, technical support was very helpful. No formal training is required, and the software includes tutorials that guided the user through the simulation process. Once installed, an icon on the desktop launches the program, and the user chooses the procedure and follows the on-screen prompts. The software is easy to use and provides patients with an image of solutions such as whitening, diastema closure or full-arch veneers. After dentists and auxiliaries integrated it into the workflow of the office, they were enthusiastic about the system. The *Before* and *After* pictures were impressive to patients. The ability of **SNAP** to provide patients with a way to visualize results contributed to case acceptance for many consultants. According to them, the dollar value of the cases gained by utilizing **SNAP** within a case presentation ranged from \$1,000 on the low end to the largest case scheduled being \$30,000. Consultants noted that some cases were generated from patients that had not inquired about cosmetic treatment previously but were interested after seeing their **SNAP** simulated photo. Therefore, it is recommended that **SNAP** be used often and included in even regularly scheduled hygiene appointments to encourage more patients to consider the benefits of cosmetic treatments. Software updates and unlimited toll-free tech support are currently included with purchase. Eighty-three percent of clinical consultants would recommend **SNAP Cosmetic Simulation Software**.

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Consultants' Comments

"Fun and easy to use."

"Wows the patients!"

"Patients have the image to take home - able to personalize picture for each patient."

"In some cases it showed that bleaching alone was not enough for the result patient wanted."

"Technical support is very helpful."

"Do as many simulations as you can - even the patients that do not go forward now may decide one day to do the treatment."

"Simulating an entire arch restoration is quicker than adding to the incisal edges of a couple of teeth."

"I would like a larger library of images from which to choose."

"I need the ability to rotate selected teeth."

Clinical Tips

- **SNAP** is a Windows-based program but can run on a MAC with *Parallels* (or similar) software.
- The manufacturer recommends a "point-and-shoot" camera such as *Canon Powershot SX130is* and a dye-sublimation photo printer such as *Canon Selphy CP800*.
- Use the system at least 10 times to gain proficiency. At that point most simulations can be completed in five minutes or less from the taking of the photo to the printed image. The actual simulations can be done in 30 to 60 seconds.
- Take the portrait photo straight on with a big, toothy smile.
- Consider having a photo taken as the patient checks in at the front desk to streamline the process.
- Train the dental assistants and hygienists to use the software.
- Provide a disclaimer to the patient that actual results may differ from the simulation. This is also a default option on the printed photo.
- If clinical time is limited, take a photo during the appointment and later e-mail the simulation image to the patient. ■

Sofreliner Tough S

Tokuyama Dental America, Inc.
(877) 378-3548
www.tokuyama-us.com

Description

Sofreliner Tough S is a soft chairside denture lining material. This addition-cured silicone material has a lower hardness than the original **Sofreliner Tough M** and is intended for use with sensitive or healing soft tissue. It is indicated for use in removable prosthesis with poor retention due to ridge atrophy; pain caused by sharp ridges of bone, undercuts or tori; retention of overdentures before final attachment placement; and as a temporary lining or tissue conditioner. **Sofreliner Tough S** is provided in an automix cartridge and has a working time of 2:00 minutes and an intraoral set time of 5:00 minutes. The kit contains a 52 g cartridge of **Sofreliner Tough S**, 10 mL of primer, mixing tips and accessories. **Sofreliner Tough S** was evaluated by 14 consultants in 62 uses. This chairside soft denture liner earned a 96% clinical rating.

Suggested Retail Cost \$179.00/Kit

Clinical Observations

Instructions/Packaging

Sofreliner Tough S is provided in a complete kit with all of the items necessary for the clinical procedure. Ten mixing tips are included for multiple applications.

Application

Dispensing and application of **Sofreliner Tough S** are neat and easy with the automix cartridge. The viscosity has enough flow to allow spreading onto the surface of the prosthesis and complete seating in the mouth. Working time is adequate; consultants would prefer a shorter intraoral setting time.

Trimming/Finishing

Gross trimming of the material was best accomplished with a scalpel blade or scissors. A rotary abrasive point and a polishing wheel are included in the kit. These are helpful in blending the reline material to the acrylic at the borders.

Quality of Reline

Sofreliner Tough S adapted well to soft tissue and produced a very good fit. Ratings for tear resistance ranged from good to excellent, depending on patient factors. Resistance to staining and cracking was rated very good by consultants and patients.



Consultants' Comments

- "Great product for denture patients that are healing after a surgery."
- "Holds up well."
- "This product gives the patient pain-free retention."
- "Include patient pamphlets for home care."

Patients' Comments

- "Made wearing my denture more comfortable."
- "It fit better than others and was soft against gums."
- "Love the fit after implants."
- "I have to be careful cleaning my denture so the liner does not peel at the edges."

Patient Satisfaction

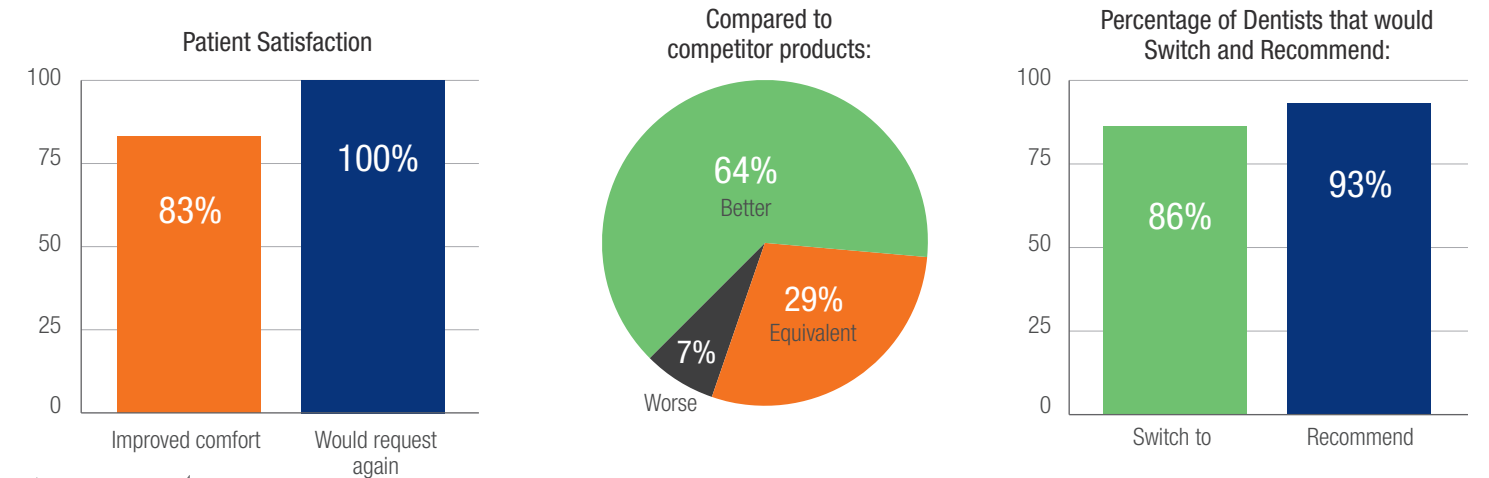
The fit and comfort of **Sofreliner Tough S** was rated excellent by the majority of consultants and resulted in a high level of patient satisfaction. Eighty-three percent of patients reported that **Sofreliner Tough S** improved the comfort of their prosthesis and 100% would request it again.

Removal

Sofreliner Tough S adheres well to denture base material, and consultants experienced some difficulty when removal was necessary.

Clinical Tips

- Be sure the primer is completely dry before applying the reline.
- Dispense **Sofreliner Tough S** directly into the denture or partial and spread with a spatula to create an even layer.
- Make sure to spread the reline covering all areas where the primer was applied.
- Use Tokuyama's *Silicone Remover* to facilitate removal of **Sofreliner Tough S** from acrylic surfaces. ■



Munce Discovery Burs

CJM Engineering

(888) 256-0999

www.cjmengeering.com

Description

Munce Discovery Burs are carbide endodontic burs designed to uncover hidden canals, locate separated instruments and core-out fiber posts. In contrast with ultrasonic tips, these burs are heatless and do not create a fine powdery dust. The burs are latch-style and autoclavable. **Munce Discovery Burs** are available in three styles: *Deep Troughers*, *Shallow Troughers* and *Endodontic Cariesectomy Burs*. *Deep Troughers* are 34 mm in length and *Shallow Troughers* are 31 mm in length. Both styles of *Troughers* are manufactured with a round carbide head and a narrow, non-flexible shaft to facilitate positive control for deep troughing. The combination of the narrow shaft with the added length provides a functional view corridor beyond the handpiece head. Both *Deep* and *Shallow Troughers* are available in six head sizes (#1/4, #1/2, #1, #2, #3, #4). The *Endodontic Cariesectomy Burs* are available in #6 round head size with a length of 31 mm and the distinct narrow shaft. **Munce Discovery Burs** are available in variety packs or in individual sizes. This product was evaluated by 23 consultants in 331 uses. These endodontic burs received a 97% clinical rating.

Suggested Retail Cost

\$64.95/6 and \$44.95/4 Shallow Troughers

\$64.95/6 and \$44.95/4 Deep Troughers

\$64.95/6 and \$44.95/4 Endodontic Cariesectomy Burs

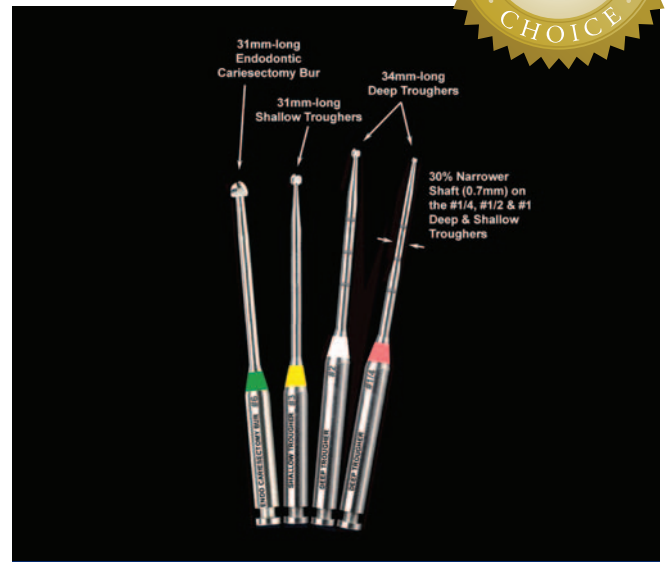
Product Features

The long narrow shafts of **Munce Discovery Burs** provide dentists with excellent visibility beyond the head of the handpiece, allowing a better view of deep target areas. The *Deep Troughers* have depth rings, and all of the **Munce Discovery Burs** are color coded by size on the shank, allowing ready identification and quick selection. The shaft design of the *Endodontic Cariesectomy Bur* imparts unique effectiveness in deep caries removal often required in endodontic cases. Seventy-five percent of consultants who used ultrasonics found **Munce Discovery Burs** to be equivalent or better at opening calcified canals. They produce less dust than ultrasonic tips and create a smooth surface that is easy to read. Ninety-five percent of consultants rated **Munce Discovery Burs** better than other endodontic-length carbide burs they were using and 5% rated them equivalent. Eighty-three percent rated them the same as or better than using ultrasonic tips. Ninety-one percent would switch to **Munce Discovery Burs** and recommend them to a colleague.

Clinical Tips

- For best results, use magnification of 2.5X or greater.
- Use slow speed to avoid being overly aggressive.
- When looking for hidden canals, use very gentle pressure, allowing the bur to selectively remove calcified material. ■

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Consultants' Comments

"The Munce Discovery Burs are by far the best long-shank endo burs available."

"They cut efficiently and do not clog."

"I had never used endodontic burs before. I liked the ability to more easily locate hidden canals and open constricted canals."

"It was easy to maneuver them in the confined space of a root canal opening. The thin shaft was a superb enhancement to the management of tight access!"

"Everyone doing endo should keep these on hand."

"Make a friction grip version."

"Package in a sterilizable bur block."

Evadyne Plus

NEO DENTAL INTERNATIONAL

(800) 720-0096, (253) 946-0814
www.neodental-intl.com

Description

Evadyne Plus is a light-cured temporary filling material that remains flexible after setting. Some indications include provisional inlays, onlays and endodontic access fillings. **Evadyne Plus** is a slightly yellow, translucent paste that contains urethane resin and fluoride-releasing glass ionomer. It has a depth of cure of 6-10 mm and a curing time of 5-20 seconds depending on the light-curing unit. It is available in 5 g syringes with 15 single-use tips, angled for placement directly into the cavity preparation without an instrument. **Evadyne Plus** may be removed in bulk with an explorer. **Evadyne Plus** was evaluated by 26 consultants in 379 uses. This temporary filling material received an 85% clinical rating.

Suggested Retail Cost \$30.00

Product Features

Evadyne Plus is easy to use and dispense directly into the tooth. The low viscosity material adapts to the cavity walls, and consultants felt this enhanced the sealing of the tooth. This resin material is sticky and cannot be sculpted before light curing. The syringe has a very long plunger that is hard to fit into the hand until it is partially empty. The translucent color of **Evadyne Plus** was acceptable at placement, but it picked up stain over time. The rubbery nature of the cured material makes it easy to remove. Consultants reported novel uses for **Evadyne Plus**, including filling implant screw holes and sealing around rubber dam clamps. Durability and retention were reported to be inconsistent. Twenty-seven percent of consultants rated **Evadyne Plus** better than other temporary filling materials they were using and 42% rated it to be equivalent. Forty-six percent would switch to **Evadyne Plus** and 61% would recommend it to a colleague.

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Consultants' Comments

- "Good material for temporarily filling endodontic access openings."
- "Sticky material adapts to margins but cannot be sculpted."
- "Instructions and labeling of syringe need improvement."
- "Make the syringe wider and shorter."
- "Increase depth of cure to allow bulk placement."

Clinical Tips

- A separating agent must be applied before placing **Evadyne Plus** on top of a resin-based liner.
- Store at room temperature and recap after each use.
- Use **Evadyne Plus** in a clear matrix for fabrication of temporary inlays/onlays.
- A fine, football-shaped diamond can be used for occlusal adjustment. ■

MIXPAC™ T-Mixer

Sulzer Mixpac AG
+41 81 772 20 00 | www.sulzer.com

Description

MIXPAC™ T-Mixer automix tips are a new generation of mixing tips designed to minimize material waste while providing a consistent, high-quality mixing result. The innovative design allows for a more compact shape by incorporating a higher number of mixing layers internally. **MIXPAC T-Mixer** tips are available in five sizes with the colored trademarked domes that are consistent with the domes on standard MIXPAC mixing tips. The green, yellow and pink sizes fit 1:1 or 2:1 cartridges; the blue size fits 4:1 or 10:1 cartridges; the brown size fits 1:1 handheld syringes. **MIXPAC T-Mixer** tips in yellow, pink and blue sizes were evaluated by 30 consultants in 985 uses. This automix tip received a 96% clinical rating.



Cavios

NEO DENTAL INTERNATIONAL

(800) 720-0096, (253) 946-0814

www.neodental-intl.com

Description

Cavios is a pre-mixed cavity liner containing alpha-tricalcium phosphate (alpha-TCP). This light-cured, resin-based material is intended for use underneath composite and amalgam restorations. The alpha-TCP formulation is biocompatible with hard tissues. **Cavios** has a depth of cure of 1.3-2.5 mm and a curing time of 5-20 seconds depending on the light-curing unit. It is an opaque, slightly yellow paste available in 1.8 g syringes. The elongated and angled syringe tips dispense the material directly into the cavity preparation without an instrument. Each package includes one syringe of **Cavios** with 15 syringe tips. **Cavios** was evaluated by 25 consultants in over 601 uses. This cavity liner received an 87% clinical rating.

Suggested Retail Cost \$35.00/package

Product Features

Cavios performed well as a cavity liner by adhering effectively to dentin and setting to a hard surface. Subsequent placement of etching gels, primers and other materials do not disturb **Cavios** or alter its surface. The opaque color effectively masks stained dentin. Dental assistants liked that the liner was always “ready to go” with no mixing required. The material is supplied in a long, narrow syringe to aid in reaching posterior areas, but for many consultants it was hard to handle until it was partially empty. The syringe tips are narrow enough for direct placement, but the plastic cannot be bent to hold a desired angle. Forty percent of consultants rated **Cavios** better than other cavity liners they were using and 32% rated it equivalent. Thirty-six percent would switch to **Cavios** and 60% would recommend it to a colleague.

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Consultants' Comments

“Easy to use.”

“Clearly radiopaque.”

“Adheres well to dentin.”

“Blocks out stained dentin.”

“Syringe is unnecessarily long.”

Clinical Tips

- **Cavios** should not be used with materials containing eugenol as it interferes with the curing.
- For direct pulp exposures, use a protective calcium hydroxide base.
- Place a small amount of **Cavios** in the tooth then spread it with a ball-shaped instrument. ■

Product Features

MIXPAC T-Mixer mixed materials as reliably as standard tips with significantly less waste. Attachment of the tips to the cartridges was a little stiff but secure. Being able to conserve material was the most highly rated feature of **MIXPAC T-Mixer**, and many dentists commented that it was very important to them. Testing by THE DENTAL ADVISOR confirmed that 25%-40% less waste occurred by using **MIXPAC T-Mixer** compared to longer, standard mixing tips. It should be noted that the **MIXPAC T-Mixer** tips did not adversely affect the critical mechanical properties of elastic recovery and strain-in-compression for impression materials or flexural strength and modulus for the restorative materials tested. Sixty-seven percent of consultants rated **MIXPAC T-Mixer** better than other mixing tips they were using and 20% rated it equivalent. Eighty-three percent would switch to **MIXPAC T-Mixer** and 87% would recommend it to a colleague. ■

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Consultants' Comments

“Homogeneous mix and less waste.”

*“I found the **MIXPAC T-Mixer** tips to be an excellent product, providing a savings to the office without changing procedures.”*

“Seemed to be easier to extrude material.”

“Got a good mix every time.”

“Shorter tips are easier to handle.”

“Tight fit onto some cartridges.”

NanoCeram-Bright

DMP Limited

+30 22990 23041

www.dmpdental.com

Description

NanoCeram-Bright Is a light-cured, radiopaque, universal nano-hybrid composite restorative material. It is formulated with mixed oxide inorganic particles with an average size of 20 nm, evenly distributed in the resin matrix. **Nanoceram-Bright** is indicated as a direct restorative for all cavity classes in anterior and posterior teeth and as a direct veneering restorative material. It is packaged in 4 g syringes and unit-dosed compules and is available in 20 VITA shades. **Nanoceram-Bright** was evaluated by 36 consultants in 964 uses. This universal composite received an 87% clinical rating.

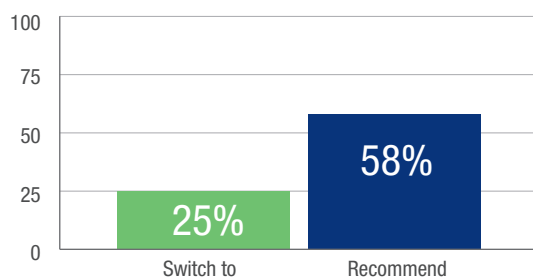
Suggested Retail Cost

4 g syringe	\$53.00
20-count, 0.25 g unit-dose	\$59.00

Product Features

NanoCeram-Bright was used in all areas of the mouth and produced very esthetic restorations. The composite blends well with enamel, having enough opacity to mask darkness yet some translucency for a vital appearance. Ratings for the handling of the composite varied; some consultants liked the soft, creamy consistency and others preferred a stiffer, more packable material. Shade match after curing is very good. **NanoCeram-Bright** is easy to finish and polish to a smooth, glossy surface. ■

Percentage of consultants who would:



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Consultants' Comments

"Shades blend well with enamel."

"Good radiopacity."

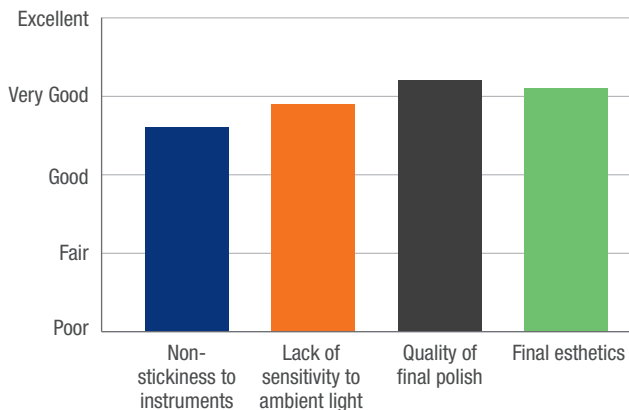
"Creamy, smooth application."

"Final polish was gorgeous and easy to achieve."

"Soft composite is sticky to instruments."

"Unit-dose compules need to be labeled with the name of the composite."

Key Features:



SPECIAL THANKS TO:

Select Senior Clinical Consultants (Over 20 years):

J. Amara, CT · R. Fisher, OH · W. Gregory, MI · E. Katkow, MD · J. Lockwood, MI · J. Mayer, OH · W. Nagy, TX · G. Poy, MI · J. Shamraj, MI · R. Trushkowsky, NY · P. Yaman, MI

Senior Clinical Consultants (15-19 years):

S. Anderson, MI · R. Anthony, OH · K. Baker, TX · F. Berman, PA · L. Brimhall, MT · M. Briskin, NY · L. Brown, MI · R. Ciccone, MI · C. Colbert, MI · M. Conrad, PA · J. Dingman, WI · J. Doueck, NY · M. Dwoskin, MI · M. Eannaccone, NY · R. Engle, IL · K. Fairbanks, MI · K. Fischer, IN · G. Franco, NY · N. Garlisi, OH · K. Goodman, MI · S. Graber, IL · P. Grandsire, NY · B. Gursky, MI · E. Gutman, NY · K. Hamlett, TX · G. Hart, OH · R. Herwig, KS · J. Kaminski, MI · R. Kaprielian, NJ · M. Kastner, OH · C. Kehr, MI · M. LaMarche, WA · J. Leitner, MI · R. Lezell, MI · M. Livernois, NC · B. Manne, FL · N. Mansour, MI · N. Markarian, CA · J.W. Mikesell, IL · G. Mosso, PA · E. Mosso, PA · E. Odenweller, OH · J. Paris, TX · D. Parris, GA · D. Peterson, MD · T. Pieper, WY · D. Pitak, MI · V. Plaisted, NY · D. Qualliotine, NC · C. Reed, MI · P. Sandvick, WI · K. Schwartz, FL · J. Shea, MO · B. Shumaker, NJ · B. Sims, NY · H. Tetelman, OH · C. Trubschenck, CA · P. Tu, CA · S. Ura, NH · W. Walcott, MI · L. Wee, MI · D. Wojtowicz, MI · R. Wilkie, MI · M. Zahn, MI

Clinical Consultants (14 years or less):

C. Adamson, MI · A. Albright, NY · N. Alexa, MI · B. Argersinger, NC · A. Bagchi, MI · B. Barricklow, OH · L. Bartoszewicz, MI · J. Bechtel, MI · C. Bhatti, MI · L. Bishop, MI · T. Bizga, OH · J. Bostic, OH · N. Brezden, MI · C. Brown, LA · W. Brownscombe, MI · S. Bunek, MI · J. Bunek, MI · J. Bush, PA · H. Cadorette, MI · P. Campo, NY · D. Chacko, TN · P. Chaiken, IL · R. Cherry, FL · J. Chips, PA · T. Chips, PA · W. Co, MI · M. Connelly, MI · S. Dillingham, NY · R. Dost, VA · A. Dutko, MI · J. Dwahan, MA · M. Elford, MI · O. Erdt, MI · F. Facchini, MI · F. Falcao, FL · M. Feinberg, NY · L. Feldman, NJ · M. Fluent, MI · M. Frankman, SD · L. Gee, OK · C. Goldin, MI · B. Greenwood, UT · P. Gronet, KY · H. Gulati, MA · D. Haas, Ontario · J. Haddad, MI · S. Harden, GA · J. Hastings, CA · J. Hengehold, MI · B. Herrmann, CA · D. Hock, MI · D. Hassoun, MI · C. Huang, CA · P. Indianer, MI · J. Ireland, MI · C. Jaghab, MI · M. Kachi-George, MI · D. Kapp, NY · J. Karam, MI · S. Kazan, MI · E. Kelly, GA · J. Kelly, GA · L. Kemmet, MN · D. Keren, NY · M. Koczarski, WA · B. Kolb, MI · C. Latham, OH · R. Le, NC · T. Leonard, FL · S. Lever, MD · I. Levine, NY · E. Lowe, BC, CAN · J. Lusby, MI · M. Man, NY · C. Manduzzi, MI · K. Mantzikos, NY · F. Margolis, IL · M. Mason, NY · T. McDonald, GA · C. McLaren, MI · J. McLaren, MI · M. McMullin, MI · H. Menchel, FL · L. Metsger, PA · M. Migdal, MI · J. Minsky, CA · R. Mizrahi, NY · G. Molinari, MI · L. Montes, NY · M. Murphy, MI · J. Nash, MI · A. Nazarian, MI · N. Nealis, IL · M. Nemeth, MI · V. Nerikar, FL · C. Noe, MD · J. Olsen, MI · F. Orlando, NY · R. Oshrain, NY · A. Overall, MI · S. Owens, MI · M. Paquette, MI · J. Park, IL · J. Parrott, MI · M. Patel, MI · T. Poirier, MI · D. Radtke, MI · G. Raichelson, Ontario · G. Ramos, NY · C. Ramsey, FL · T. Reeves, TN · N. Rego, CA · G. Reskakis, NY · J. Riggs, MI · J. Rowe, AR · F. Ruder, FL · A. Saddy, MI · R. Selvan, NJ · M. Shapiro, MI · S. Shoukfeh, MI · P. Shumaker, MI · J. Smith, MI · B. Stevenson, MI · P. Symeonides, NY · S. Tamber, MI · S. Tamber, MI · G. Tarantola, FL · T. Teel, IN · T. Trullard, MI · Lyn. Vandelaar, MI · M. Vanderbeek, MI · H. Vann, MS · M. Waranowicz, MI · J. Wehr, MI · E. Whittier, FL · L. Williams, MI · K. Wilson, MI · D. Wolf, MA · W. Wright, CA · H. Yeung, CA · D. Young, MI · P. Zanetti, MI · J. Zanetti, MI · 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 · Technique Crown and Bridge, Inc., NC