

DAILY AT THE AGD!

# DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

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www.dental-tribune.com

## SCENES FROM THE AGD

Out-of-state visitors, Army doctors, art for your dishes, new products and much more.

► pages 6 & 7



## JOINING FORCES

A flowable restorative combines with a self-etch, prime and bonding product to save you money.

► page 8



## PUTTING IT TO THE TEST

Can these crowns really help you see esthetic improvements in your anterior restorations?

► page 9



# So much to see

*Exhibitors show off their newest products here at the AGD*

By Dental Tribune Staff

Between the hands-on workshops, the Welcome Reception and the general session on social media, Thursday at the AGD Annual Session was filled to the brim with things to do and products to see. But it's only just beginning.

During the next two days, there is plenty more to explore here in Philadelphia. From numerous continuing education offerings to networking opportunities to new products, the world of dentistry is at your fingertips.

If you haven't yet had a chance to scope out the exhibit hall, here are a few booths you'll want to be sure to stop by.

► See SEE, page 2



A crowd fills the AGD exhibit hall soon after it opens on Thursday afternoon. Photo/Anna Kataoka-Wlodarczyk, Dental Tribune

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**BOOTH # 433**

Manufactured by DIRECTA AB - Uplands Väsby, Sweden - FenderMate® is a registered trademark owned by Directa AB.



← SEE, Page 1

• *Carestream Dental (booth Nos. 614/616) is introducing its new CS 1600 multi-use intraoral camera.* According to the company, it's got the widest focus range on the market (1 mm to infinity), is easy to use and features the same unique liquid-lens autofocus technology as Carestream Dental's 1500 intraoral camera. It also has a sophisticated 18-LED illumination system and an optional polarizer filter to reduce glare.

• *Ultradent Products (booth No. 705) is showing off Edelweiss, a uniquely engineered composite veneer system that it first launched in May.* It's billed as a low-cost, esthetic alternative to custom lab veneers.

According to the company, each composite veneer in the Edelweiss system is laser sintered, combining a high-gloss, uniform surface with a thermally tem-

pered base. Ultradent intends Edelweiss as a solution for those seeking a lower-cost alternative to custom lab veneers, unlocking the opportunity for dentists to offer esthetic smiles to more patients.

• *Shofu (booth No. 1128) is introducing BeautiSealant, a tooth-colored, fluoride recharging, pit and fissure sealant with a self-etching primer that speeds treatment time by eliminating the need for phosphoric acid etching.*

According to the company, the product helps preserve healthy enamel that is easily demineralized with harsh acid-etchants while still maintaining superior bond strength. Seeping deeply into pits and fissures, the HEMA-free primer bonds equally to enamel or dentin, preparing the tooth surface for a secure and long-lasting bond.

• *For those who want to grow their practices, Viva Concepts (booth No. 854) has a novel idea: you can hand out gift cards to*

your existing patients, which they can pass along to friends and family members.

With a selection of more than 20 card templates and the option of custom designs, you can pick your design and create a specialized offer. A magnetic stripe on the back of the card is a swiper that is used when the card is redeemed and makes patient referrals easy to track.

• *Finally, there are plenty of products on display at VOCO America (booth No. 425), including its new Quick Up implant pick-up system, which is designed to eliminate the risk of interlocking.* Made specifically for bonding attachments, Quick Up can also be used for reattaching secondary elements, such as bar retainers, in a denture. With everything in one system, Quick Up is designed to improve workflow and chairside efficiency.

The exhibit hall is open until 7 p.m. today and from 10 a.m.-3 p.m. Saturday.

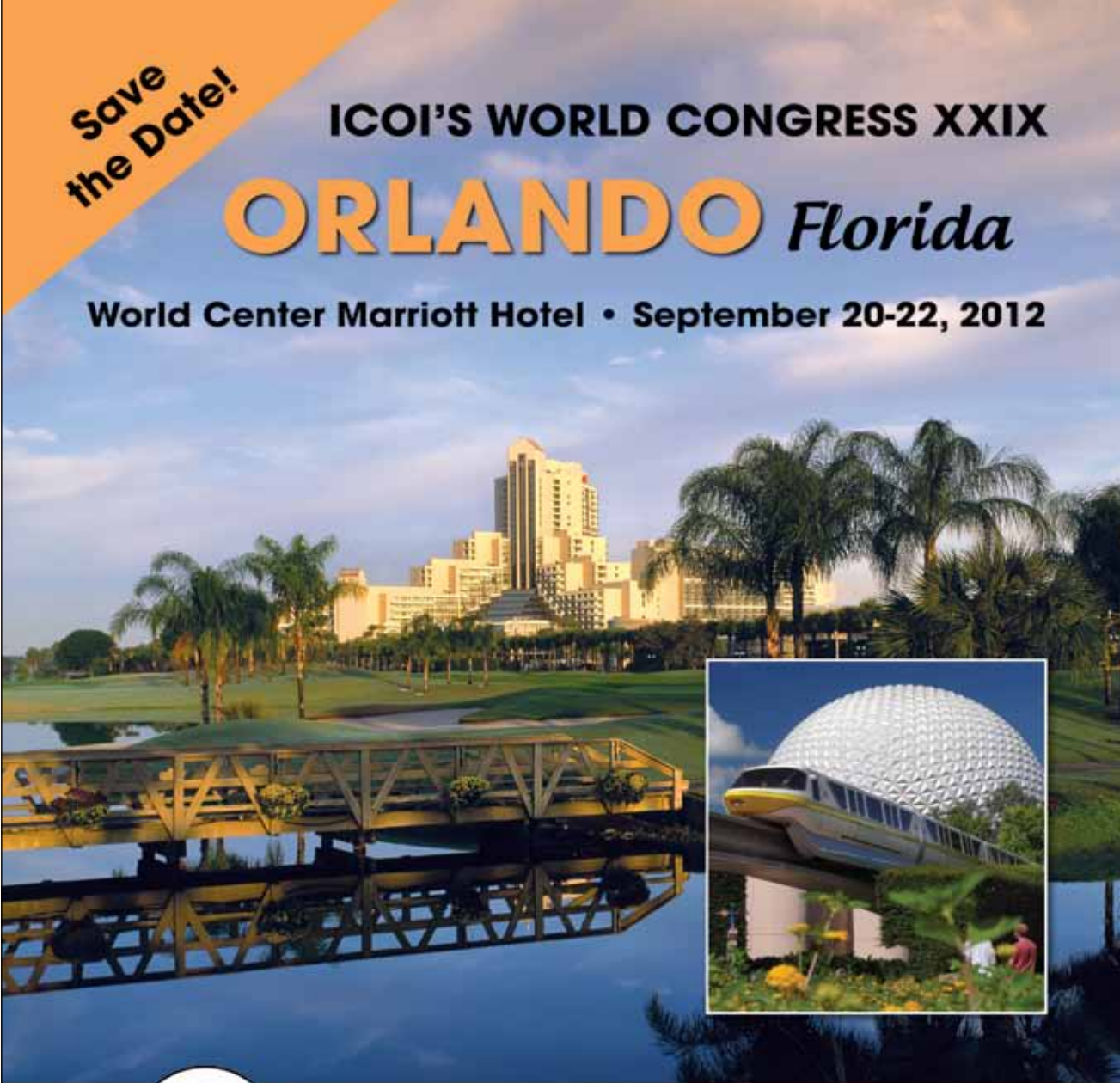
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# Atraumatic extractions with Luxator Periotome

*Instrument can help the dentist divide and conquer the forces retaining a tooth*

By Dr. Simon Jones

The extraction of a tooth is probably the most traumatic event a patient can experience in the dental office, and if the extraction doesn't go smoothly, things can become quite stressful for the dentist as well.

When the use of a simple surgical instrument can make the extraction process infinitely easier for both patient and dentist, I find it surprising not all dentists reach for a Directa Dental Luxator as their first instrument of choice.

To understand how best to remove a tooth, it helps to appreciate the structures and forces that are holding the tooth in position. It is only by overcoming these forces that the tooth can be removed.

First, consider the bone structure surrounding the roots. As the bone sits intimately against the root surface, any irregularities, undercuts or curvatures of the root will provide mechanical retention. To overcome this retention, the socket must be dilated until the path of removal of the root is unimpeded by bone.

The second factor resisting the removal of the tooth is the periodontal ligament, composed of collagen fibers. Like millions of little ropes, the cumulative strength of these fibers resists the strongest of biting forces. Imagine how much force would be required to overcome this combined strength in an attempt to simply pull out a tooth.

The third force to overcome is that of atmospheric pressure. Withdrawing a tooth from its socket will create a void or vacuum at the apex of the socket, and until this void is filled with blood or an ingress of air, then atmospheric pressure will effectively push on the tooth to keep it in position. Anyone who can remember back to the Magdeburg Hemisphere experiment in school physics will know that simple atmospheric pressure resisted the force of two teams of horses pulling in opposite directions.

Little wonder then that simply using a combination of forceps and brute force can lead to unnecessary loss of alveolar bone, root fracture and a subsequently more stressful experience for both patient and dentist. Dealing with the fracture of a maxillary tuberosity can certainly ruin your day!

The careful and considered use of a Luxator helps the dentist to divide and conquer the forces retaining a tooth, making the extraction process an infi-



Fig. 1: Luxator Periotome  
Photos/Provided by Directa AB

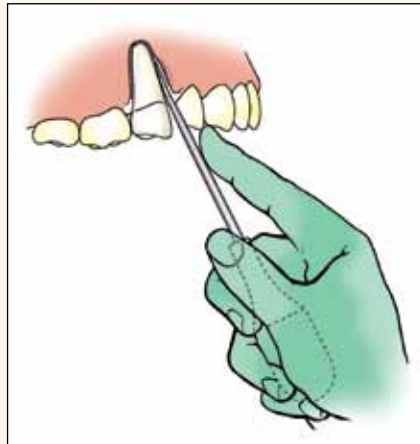


Fig. 3: Correct handling of Luxator Periotome.

## Here at the AGD

For more information, stop by the Directa AB booth, No. 433. More information about Directa Products may be found at [www.directadental.com](http://www.directadental.com) or by contacting U.S. Sales Manager Frank Cortes at (203) 788-4224 or by e-mail at [frank.cortes@directadental.com](mailto:frank.cortes@directadental.com).

ninitely more predictable and stress-free process.

The appropriate size of Luxator is chosen to match the diameter of the root, and the angle of the blade is chosen to give the best access. The tip of the Luxator is gently inserted into the gingival margin, with the blade angled slightly toward the root surface. This ensures that the Luxator enters the periodontal ligament between the crestal bone and the root.

Once in the periodontal ligament, the Luxator is worked down the length of the root with a side-to-side rocking motion and steady axial pressure (Fig. 2). This motion first severs the periodontal fibers, and then as the blade is introduced further, the socket is dilated to allow an easier path of removal. Finally, as the periodontal ligament is severed and the socket dilated, bleeding and air ingress overcome the vacuum that resists tooth removal.

The Luxator should be inserted around as much of the circumference of the root as possible to evenly dilate the socket.

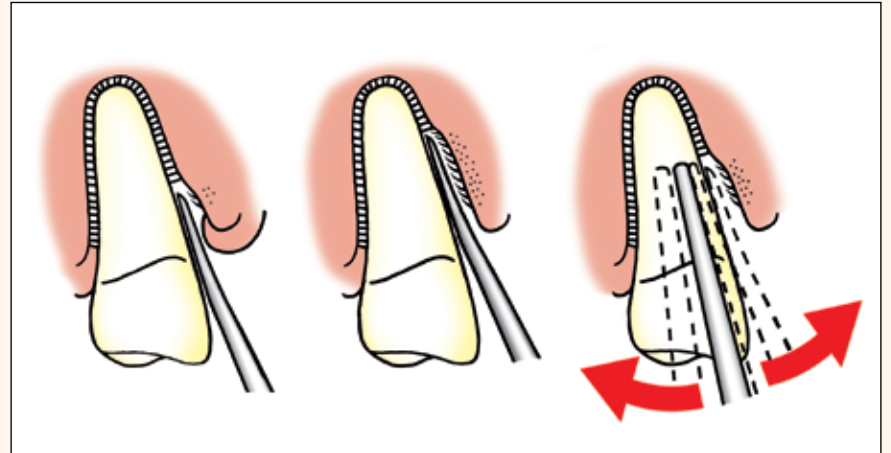


Fig. 2: Luxator severs the periodontal fibers and dilates the socket.



Fig. 4: Luxator Periotome vs. Luxator Forte



Fig. 5: An atraumatic extraction is performed.

Once this has been achieved, the final delivery of the tooth may be performed with forceps, although this is often not required with single-rooted teeth.

When using a Luxator, the uniquely designed handle should sit neatly in the palm of your hand, cradled by your fingers and thumb, with the index finger extended toward the tip of the instrument (Fig. 3). This allows for precise control of the tip and prevents the risk of slipping. Excessive force should be avoided; the Luxator is a surgical instrument and should be used as such, not as an elevator.

To complement its range of Luxators, Directa now produces an elevator called the Luxator Forte. Having dilated the socket using a Luxator, if it is felt that greater dilating and elevation forces are required, then the stronger Luxator Forte should be used. The Luxator Forte is easily recognizable by its black handle (Fig. 4). This sequence of luxation, followed by elevation, generally means that forceps are only ever used for the final easy delivery of the tooth.

The Swedish dental company Directa not only invented the name Luxator but has developed this range of instruments to perfection. The use of high-grade, surgical-steel blades and a two-part moulding technique for the uniquely ergonomic polymer handle combine to provide a high-quality instrument that will give



## About the author

Dr. Simon Jones is a leading U.K. dentist with a practice in Middlesbrough, northeast of England. He qualified in 1985 and has worked mainly in the British National Health Service since then. For the past six years, he also served as a vocational trainer for the Northern Deanery of Newcastle University Dental School.

years of reliable service and will endure countless cycles of washing disinfection and autoclaving.

Having used Luxators for more than 20 years, I cannot imagine undertaking the extraction of any tooth without first severing the periodontal fibers with my trusty friend. It would be the equivalent of struggling to remove my boots without first undoing the laces.





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# Scenes from Thursday



The AGD Annual Meeting attracts attendees from all over. Here, from left, are Juliana Blackington, Samantha Ripley, Patty Jo Pantillo, Jane Bowden and Karen Greatorex, all from Belfast, Md.



Stop by the Army Healthcare Services booth (Nos. 422/424/426) and get more information from Dr. John Geary, left, and Dr. Katherine Martin.



Danielle Piquette and Joe Graffius of Obtura Spartan (booth No. 538), offering 'endodontic excellence since 1979.'



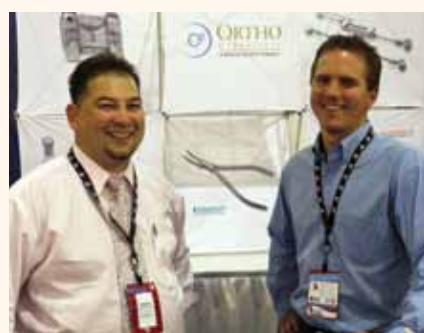
Clockwise from top left, Sponsorship and Advertising Manager of the Greater New York Dental Meeting Dr. Joseph Schachner, Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab, Kersin Yam and Dana Soltis are all smiles at the booth, No. 407.



Janet McGettigan, left, and Stephanie Weis of Garrison Dental Solutions (booth No. 707).



Teresa Gee of Essential Dental Systems (booth No. 813). Many of the company's patented instruments and systems are invented by endodontists.



Stephen Arbakov, left, and Mike Van Nostran at the Ortho Organizers booth (No. 504).



Dr. Bill Paveletz of VOCO America (booth No. 425), which offers dental materials such as Futurabond DC, Profluorid Varnish and Remin Pro.



Lelani Le of Glidewell Laboratories at the booth, Nos. 527/529.





Lynne Calliott, far right, of Shofu explains the advantages of BEAUTIFIL Flow Plus to two attendees at booth No. 517.



George Toto, left, and Judie Tinker of Directa AB (booth No. 433), makers of the FenderWedge and the FenderMate.



Pick up these dental-themed, handpainted wine glasses and plates at the Professional Obsessions booth, No. 540.



Jason Rush of Philips Sonicare and Zoom Whitening with a few of the products that are available at the booth (No. 501), including flourideRx and breathRx.



Find Mike Anthenelli, from left, Gerri Bowman and Andrew Fikse at the Patterson Dental booth (Nos. 815/817).



James Ortmann of Hager Worldwide at the booth (No. 510).



Orlando Navarro, left, and Adrian Lopez at the DoWell Dental Products booth, No. 716. Ask the company reps about the benefits of PiezoART.



Bill Colanti of Technology4Medicine with the LightWalker, a universal, dual-wavelength laser system. Check it out at booth Nos. 505/507.



Have a question? The folks at the information booth will be happy to help you out.

Photos by Anna Kataoka-Wlodarczyk  
Dental Tribune



# BEAUTIFIL Flow Plus, BeautiBond join forces in kit

Package saves money for customers using both

Two of Shofu's most acclaimed products are now available in two new kits offering discounted pricing.

The new kits will contain six syringes of the flowable restorative BEAUTIFIL Flow

Plus in either zero-flow or low-flow viscosities and a box of 50 0.1 ml unit dose bottles of BeautiBond™, the seventh-generation bonding agent.

The new kits are expected to synergize



The new kits from Shofu contain BEAUTIFIL Flow Plus (six 2.2 gram syringes with choice of F00 or F03 viscosities in shades A1, A2, A3, A3.5, A2O (opaque) or incisal) and BeautiBond (50 0.1 ml unit dose bottles).

Photos/Provided by Shofu

sales of both products, while at the same time providing significant cost savings to customers already using both products.

## BEAUTIFIL Flow Plus

BEAUTIFIL Flow Plus represents the next generation of restorative materials, with a syringe-delivery that provides void-free adaptation and strength and durability of leading packable composites.

High radiopacity that is 15 percent greater than enamel ensures the base and liner will never again be mistaken for secondary caries.

Viscosity and handling characteristics have been optimized for greater control while delivering smooth and virtually self-polishing results. Shofu's proprietary S-PRG (surface pre-reacted glass) filler technology provides the only composite resin with sustained fluoride release and rechargability.

## BeautiBond

BeautiBond is a seventh-generation self-etch, prime and bond all-in-one product.

Unique dual-functioning monomers (phosphonic acid and carboxylic acid) work independently, achieving equal bond strength to dentin and enamel comparable to sixth-generation adhesives.

BeautiBond has a film thickness of only 5 µm, providing indistinguishable margins. Bonding requires only one thin application, no shaking or agitation required, and a 30-second application time.

## Here at the AGD

For more information on the new kits, call Shofu at (800) 827-4638, visit [www.shofu.com](http://www.shofu.com) or stop by the Shofu booth, No. 517.

AD

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Fig. 1 Photos/Provided by Glidewell Laboratories



Fig. 2



Fig. 3



Fig. 4

# Photo essay: BruxZir Solid Zirconia meets an anterior esthetic challenge

By Michael C. DiTolla, DDS, FAGD

This article illustrates advancements by Glidewell Laboratories to improve the esthetic properties of BruxZir® Solid Zirconia restorations. As the lab's research and development department refines its processes, improving the material's translucency, the esthetics continue to improve.

## First appointment

Our goal is to replace the PFM crowns on teeth #8 and #9 (Fig. 1) with BruxZir Solid Zirconia crowns.

First, we take the shade before the teeth become dehydrated. I use the VITA Easyshade® Compact (Vident; Brea, Calif.), which displays the shade in both VITA Classical and VITA 3D-Master® shades. After taking the shade, I hold the selected 2M1 3D-Master shade tab to the tooth, along with the 1M1 3D-Master shade tab for contrast. Next, we photograph the shade tabs in the mouth. This is probably the most important part of communicating shade to the technician.

I use an Ultradent syringe to place PFG gel (Steven's Pharmacy; Costa Mesa, Calif.) into the sulcus of teeth #8 and #9. Next, I use a STA Single Tooth Anesthesia System® device (Milestone Scientific; Livingston, N.J.) to anesthetize teeth #8 and #9.

The Razor® Carbide bur (Axis Den-

## Here at the AGD

For more information on BruxZir crowns or to see them for yourself, stop by the Glidewell Laboratories booth, Nos. 527/529.

tal; Coppell, Texas) easily cuts through porcelain and metal substructures, and when used in combination with my KaVo ELECTROtorque handpiece (KaVo Dental; Charlotte, N.C.), it is simple to cut through the existing PFM. I torque the crown with a Christensen Crown Remover (Hu-Friedy; Chicago). After using a periodontal probe to sound to bone to ensure I have enough biologic width to safely remove some tissue (Fig. 2), I use my NV MicroLaser™ (Discus Dental) to remove 1.5 mm of tissue.

With the margins exposed, I use an 856-025 bur (Axis Dental) and KaVo ELECTROtorque handpiece to drop the margins to the new gingival level. My assistant then relines BioTemps® Provisionals (Glidewell Laboratories) on teeth #8 and #9 with Luxatemp provisional material (DMG America; Englewood, N.J.).

Using a thin, perforated diamond disc (Axis Dental), we open the gingival embrasures to avoid blunting the interproximal papilla, and we make sure the gingival margins aren't overextended and the emergence profile is flat.

We use TempBond® Clear™ (Kerr Corp.; Orange, Calif.) to cement the BioTemps

and loupes to inspect around the temps and gingival embrasures for excess cement.

## Second appointment

After two weeks, we remove the temps and clean the preps with a KaVo SONICflex scaler. After trimming the gingival margin with the diode laser, I place an Ultrapak® cord #00 (Ultradent; South Jordan, Utah), cutting the cord intraorally on the lingual to avoid any overlap. To make the margin visually obvious, I place a second cord (Ultrapak cord #2E) before refining the preparation.

As I pack the top #2E cord on tooth #8, you can see how the top cord on tooth #9 exposes the margin (Fig. 3). Now we can begin finishing the preps using a fine grit 856-025 bur.

Two moistened ROEKO Comprecap Anatomic compression caps (Coltene/Whaledent; Cuyahoga Falls, Ohio) are placed on the preps, and the patient is asked to bite with medium pressure for eight to 10 minutes. The Comprecaps are then removed and the top cords pulled. We syringe medium body impression material around the preparations for the impression and then take a bite registration. The temporaries are then replaced.

## Third appointment

After two weeks, the temps are off, the

BruxZir crowns are approved, and we place a layer of desensitizer on the teeth (G5™ All-Purpose Desensitizer [Clinician's Choice; New Milford, Conn.]).

I use a Warm Air Tooth Dryer (A-dec; Newberg, Ore.) after applying both coats of the G5, while my assistant places Z-PRIME™ Plus (Bisco; Schaumburg, Ill.) inside the crowns. We then load the crowns with a resin-modified glass ionomer cement (RelyX™ Luting Plus Automix [3M/ESPE]) and seat them, using a pinewood stick (Almore International; Portland, Ore.) to ensure they are fully seated and the same length.

In this "after" picture (Fig. 4), the amazing thing is there isn't any porcelain on these BruxZir crowns; they are solid zirconia. This is why they are stronger than all other restorative materials, except cast gold.

Also, the facial anatomy on the crowns makes them look like real teeth. Because that anatomy is built into the CAD/CAM database, Glidewell Laboratories can deliver it every time — provided the clinician gives the lab enough reduction.

While I'm not suggesting you suddenly switch all of your anterior restorations to BruxZir crowns, you may want to consider using it for patients with parafunctional habits or old PFMs, where an esthetic improvement is essentially guaranteed.