

today 16 17



Opinion

An interview with Dr Sebastian G. Ciancio, USA, on periodontal disease as a risk factor for implant failure and the latest concepts for treating peri-implant mucositis.

»page 2



Plan ahead

You will find the latest update of the exhibitors list and floor plan of this year's International Dental Meeting & Exhibition in Singapore (IDEM) in our business section.

»page 8



Travel

Singapore can be best described as a unique mixing pot of Asian cultures. Besides a vibrant multicultural experience, there's much more to discover about the city.

»page 12

AD

German pavilion Booth: H 15

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IDEM Singapore 2010 starts off big

Thousands of international dental professionals to gather in the city state

koelnmesse

The Theatre on Level 3 in the Suntec Exhibition Centre saw the first glimpse of what is ahead for this year's International Dental Exhibition & Meeting as more than 500 delegates from all over Asia took the opportunity to join the first pre-congress sessions on Wednesday morning. They were greeted by the Chairman of the IDEM Singapore 2010 Committee, Dr Phillip Goh, who thanked the organiser Koelnmesse and all participants for the effort that went into the preparation of the event.



• Pre-congress session in the Theatre on Wednesday morning. (DTI/Photo Daniel Zimmermann)



• Dr Phillip Goh (DTI/Photo Daniel Zimmermann)

It is the first time that pre-congress courses are being held at IDEM Singapore.

Delegates that joined the first sessions yesterday told *today international* that the programme is a large improvement over the offerings

Pacific dental market. Although sales figures were hit significantly by the global financial crisis in 2008/09, growth rates are expected to pick up in 2010 when the economy starts to recover, a May 2009 industry report stated. According to the same

The British Dental Trade Association has also announced to host their first national pavilion at the show alongside joint participations of Australia, Taiwan, Singapore, Korea, France and Switzerland. The US and German dental industry will host the largest groups with more than 20 companies representing all sectors in dentistry.

commented: "IDEM Singapore continues to play a pivotal role in bringing together the key stakeholders in the entire dental trade value chain. Through its trade fair and scientific conference, it offers a lot of new opportunities for professionals in all segments of dentistry and its related fields."

in accelerating the business of dental care and its related services," he added.

IDEM Singapore will be held at the Suntec International Convention and Exhibition Centre, 16–18 April 2010. Dental professionals are still able to register on-site on the Ground Level of the Suntec Exhibition Center.

Oliver P. Kuhrt, Executive Vice President of Koelnmesse,

"IDEM 2010 aims to further hone its relevance to the industry and play a greater role

www.idem-singapore.com



IDEM Singapore International Dental Exhibition and Meeting

Date
15–18 April (Congress)
16–18 April (Exhibition)

Venue
Suntec Singapore,
International Convention & Exhibition Centre,
Halls 401–404

Visitor profile
Dental Traders, Dentists, Dental Technicians, Dental Assistants, Dental Hygienists, Pharmacists, Academics, Associations, Press and Media

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• First visitors register for the congress. (DTI/Photo Daniel Zimmermann)

in 2008. Most of the people interviewed said that due to these changes they are planning to attend most of the sessions over the course of the next three days.

"I think the congress is pretty well organised and there is less overlapping which makes it easier to get into more sessions," said one dentist from Singapore.

This year's congress is focusing on implantology and aesthetics—two of the most thriving sectors in the Asia

report, sales figures of dental implants in the Asia Pacific region experienced double-digit growth rates back in 2008.

Implantology is a big part of this year's trade exhibition, which will be officially opened today by Singapore's Minister of Health Kaw Boon Whan, representatives of Koelnmesse and the Singapore Dental Association. For the first time, manufacturers from Slovenia and the Republic of Colombia will showcase their portfolio in Singapore.

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Shortened clinical protocols—choosing the optimal treatment strategy



By Dr Roland Glauser, Switzerland

■ It's an incontrovertible fact that no other treatment modality has changed dentistry over the past four decades as much as the discovery of *osseointegration* and the introduction of dental implants.

In the early years, the application of osseointegrating implants was strictly focused

on completely edentulous patients. Proven predictability and growing acceptance among the clinicians resulted in an obvious expansion of its use for all other indications. Original protocols for placing and restoring dental implants included a strictly staged approach as the standard *modus operandi*.

Over the years, a myriad of implant designs and protocol developments has been introduced to the field aiming at simplification and concision without jeopardising favourable treatment outcomes. In particular, main focus is on a reduction of the number of interventions, such as the invasiveness of the surgery, duration of the treatment, and improved tissue stability

and aesthetics. Hence, the future is moving towards clear differentiation strategies of "when" and "how" to favour modified clinical protocols, and when to follow more traditional staged treatment sequences.

Clinicians placing and restoring dental implants need to implement these strategies on a routine basis in order to

provide an up-to-date therapy for their patients. Consequently, implant dentistry is slowly moving to the next level which is shortened clinical protocols.

Dr Roland Glauser's workshop on "How to Incorporate Implants in your Daily Practice" will be held today in Room 301 on Level 3. The session starts at 17:00.

"Bisphosphonates may increase the failure rate of implants"

Interview with Dr Sebastian G. Ciancio, USA, on periodontal disease as a risk factor for implant failure

■ *The treatment of periodontitis and peri-implantitis involves the eradication of periodontal pathogens. Microbiologic studies have shown that a complex microflora, including periodontal pathogens, become established subgingivally around implants within one week after abutment connections, and this microflora continues to persist subgingivally for long time periods.* today international spoke with Dr Sebastian G. Ciancio, USA, about this process and what dentists can do to lower the risks for peri-implant mucositis.

today international: Dr Ciancio, implant failure is, in most cases, connected to the loss of hard tissue (bone) surrounding the implant. Why should clinicians look into soft tissue as well?

Dr Sebastian G. Ciancio: The number of reasons why implants fail are plenty. According to the latest research, risk factors such as bone quality, poor plaque biofilm control, smoking, systematic conditions, surgical trauma, medication, overload or periodontitis history come into play. Even genetics have been considered to be responsible

for implant failure in some cases.

In view of this, when peri-implantitis occurs all of the above must be considered. However, excess plaque biofilm can cause peri-implant mucositis which, if left untreated has the potential to spread apically and infect the underlying bone, leading to peri-implantitis. Since implants have no periodontal ligament around them, the antibacterial defense mechanisms in the periodontal ligament are not present so the possibility of apical spread of the infection from the soft tissue is enhanced.

How do pathogens associated with periodontitis contribute to implant failure?

The same pathogens associated with periodontitis are also associated with peri-implantitis. These include *P. gingivalis*, *A. actinomycetemcomitans*, *T. Forsythesis* and to a lesser extent *P. Intermedius* and *T. denticola*. Furthermore, the same mechanisms related to the initiation and progression of periodontitis are associated with the initiation and progression of periodontitis.

Do modern implant surfaces affect the microbiology associated with peri-implant mucositis?

The type of surface does not seem to affect the microbiology around implants since pellicle from saliva attaches to all types of surfaces and then the bacterial biofilm develops on the surface of this pellicle.

What treatment concepts for peri-implant mucositis are available at the moment and what's their success rate?

The main concepts to treat gingivitis are applicable to the treatment of peri-implant mucositis-plaque biofilm control with mechanical aids and chemotherapeutic agents, and periodic removal of deposits around implants.

It is known that certain medications may contribute to peri-implant mucositis. Which groups have been identified so far and are there alternatives?

Calcium channel blockers can cause gingival enlargement around implants with resulting pseudopocket formation and alternative medications are available to control blood pressure and cardiac

function. Bisphosphonates may increase the failure rate of implants particularly when administered IV to patients. There may also be a risk of increased failure in patients taking oral bisphosphonates.

Alternatives to the bisphosphonates are not as good but include increased intake of calcium and Vitamin D. Patients taking medications causing xerostomia may be at risk for increased implant failure since these patients accumulate more plaque than patients with a normal salivary flow and in many cases,

the pathogens are more virulent. Patients taking sedatives and/or tranquilizers need frequent reminders about plaque biofilm control since these medications create an "I don't care attitude" in many patients. Therefore they should be scheduled for more frequent recalls. Finally, patients with asthma who use steroid inhalers are at increased risk for oral candidiasis which can present with clinical signs similar to peri-implant mucositis.

Thank you for this interview.



Dr Sebastian G. Ciancio's lecture on "Implants: A Periodontal Perspective" will be held today in the Theatre on Level 3. The session starts at 8:30.

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Scientific programme

Friday, 16 April

8:30–11:00

Implants: A Periodontal Perspective

Dr Sebastian G. Ciancio, USA, Theatre, Level 3

Periodontal disease is a significant risk factor for implant failure. It is clear that the pathogens associated with peri-implant mucositis are similar to those associated with periodontitis. The treatment of periodontitis/peri-implantitis involves the reduction/eradication of periodontal pathogens. Following effective therapy, beneficial and pathogenic species recolonize the subgingival area. Microbiologic studies have shown that a complex microflora, including periodontal pathogens, become established subgingivally around implants within one week after abutment connections, and this microflora continues to persist subgingivally for long time periods. In addition, it has been shown that healthy implants presented with low plaque scores and less periodontal bleeding on probing. In contrast, peri-implantitis is associated with elevated plaque scores and increased bleeding on probing. Current concepts in treatment of peri-implant mucositis will be reviewed as well as various medications which may contribute to this condition.

9:00–12:00

Hands-on Workshop: Human Cadaver

Dr Pascal Valentini, France, KTP Advanced Surgery Training Centre, NUS

9:30–12:00

A SDA Masterclass Presentation Recipes for Predictable Anterior Aesthetics

Dr Gerard J. Chiche, USA, Hall 404, Level 4

This presentation, spanning eight hours, will discuss the key areas for efficient aesthetic diagnosis and smile design. Topics to be covered include Aesthetic Diagnosis and Treatment Planning and Aesthetic Quality Control—Keys to Success.

13:00–16:00

Hands-on Workshop: Human Cadaver

Dr Bernard Giesenhagen, Germany, KTP Advanced Surgery Training Centre, NUS

13:30–16:00

Implants in Atrophic Bone: Simplified Alternatives to Lateral Sinus lifts and Cortical Bone Grafting

Dr Shadi Daher, USA, Theatre, Level 3

The Plateau-designed Bicon implants have proven themselves over the decades to be reliable, predictable and versatile. These implants have always included consistently successful 8 mm-long implants. These implants and newer, shorter (6 mm and 5 mm long) implants afford the practitioner an innovative and less invasive technique for implant placement in the atrophic posterior maxilla and mandible.

14:30–17:00

Recipes for Predictable Anterior Aesthetics

Dr Gerard J. Chiche, USA, Hall 404, Level 4

17:00–20:00

Hands-on Workshop: How to Incorporate Implants in your Daily Practice

Dr Roland Glauser, Switzerland, Room 301, Level 3

17:30–20:00

FDI Lecture: Tooth and Implant Supported Overdentures—Biomechanical Solutions for Success

Dr David A. Felton, USA, Theatre, Level 3

Tooth or implant retained overdentures are rapidly becoming the standard of care for treatment of the completely edentulous mandible, and for treatment of the terminal dentition. This presentation will describe treatment planning decisions that are required to promote successful tooth and implant retained overdenture outcomes, and will provide clinical research data to support the use of implants to support and retain both maxillary and mandibular complete dentures. Longevity data for both tooth and implant retained overdenture prostheses will be presented. The biomechanics of overdentures will be discussed, and available attachment systems presented.

18:00–20:00

Recipes for Predictable Anterior Aesthetics

Dr Gerard J. Chiche, USA, Hall 404, Level 4

Diode lasers in focus of DT Study Club Symposia

■ The Dental Tribune Study Club (DTSC) will start its first Symposia today with a lecture on affordable soft tissue diode lasers by world renowned speakers Dr George Freedman and Dr Fay Goldstep. The lecture will be held in the exhibition hall at booth J30 and will be free of charge for visitors of the IDEM trade exhibition. Participants will be able to earn one ADA CERP continuing education credit for every DTSC lecture they attend until Sunday.

According to Freedman and Fay, soft tissue diode lasers have become a “must have” mainstream technology for every general practice as the science, ease of use and affordability make it simple to incorporate. While restorative dentistry becomes more predictable and less stressful, laser therapy also expands the clinical

scope of practice to include new soft tissue procedures that keep patients in the office.

Treatment with the 810 nm diode laser (e.g. Picasso Diode Laser, AMD Lasers, USA), for example, has shown to have a significant long-term bactericidal effect in periodontal pockets. *A. actinomycetemcomitans*, an invasive pathogen associated with the development of periodontal disease and generally quite difficult to eliminate, responds well to laser treatment. Scaling and root planing outcomes in endodontics are also enhanced when diode laser therapy is added to the dental armamentarium. The patient is typically more comfortable during and after treatment and

gingival healing is faster and more stable, research shows.

Besides Freedman and Fray, today's Symposia will feature lectures on practice management (Peter Barry) and restorative dentistry (Dr Shriju Joshi). The speakers will broadcast live online from various locations across the globe or present right on the exhibition floor to IDEM visitors. More information about the programme as well as how to become a DTSC member are available at www.dtstudyclub.com.

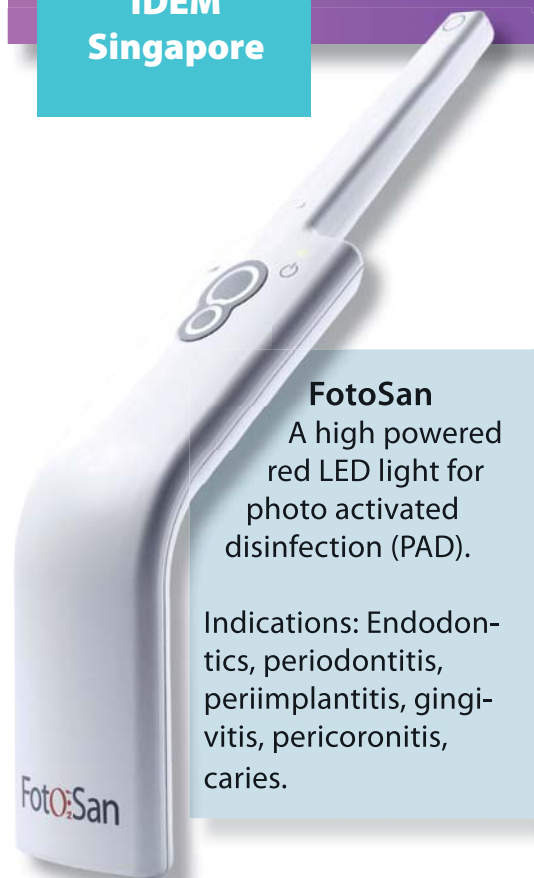


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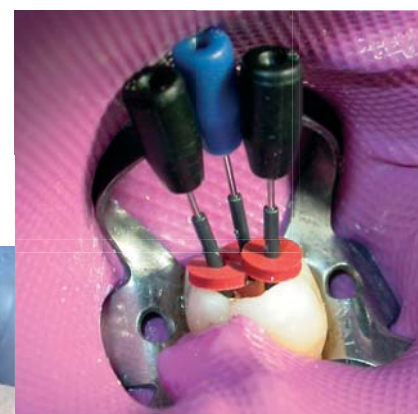
The new LED curing light Flash Max2 from CMS Dental is the worlds most powerful on the market. Intensity is >4.000 mW/cm².

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AD

NEW TETRIC N-FAMILY FROM IVOCCLAR VIVADENT

At IDEM 2010, Ivoclar Vivadent is introducing a new comprehensive nano-optimised restoration system for high-quality standard restorations. The new line of products comprises the products Tetric N-Ceram, Tetric N-Flow, Tetric N-Bond and Tetric N-Bond Self-Etch.

uses nanotechnology and is acetone-free which is supposed to help postoperative sensitivities occur less frequently. It also enables a durable bond to be established between the restorative material and the dental hard tissues. Tetric N-Bond is suitable both for direct and indirect



According to the company, the universal composite Tetric N-Ceram is based on the popular Tetric Ceram and designed for the fabrication of high-quality standard restorations in the anterior and posterior region. Important properties like polishability, low shrinkage and wear could be enhanced with the help of nanotechnology. Tetric N-Ceram is complemented by the flowable composite Tetric N-Flow which also offers excellent handling properties as well as an exceptionally high level of radiopacity. Owing to the material's outstanding wetting ability, it is particularly suitable for use as a cavity liner and offers the stability required for Class V restorations.

restorative procedures after prior light polymerization, the company said.

Tetric N-Bond Self-Etch is a single component, self-etching, light-curing adhesive for direct restorative treatment procedures (composites, comonomers). A single layer of the acetone-free Tetric N-Bond Self-Etch material is sufficient to establish a sound bond between the composite and the enamel or dentin reducing the time required for direct restorative treatment. According to Ivoclar, it is possible to store Tetric N-Bond Self-Etch at room temperature without compromising its quality because of the monomers which are resistant to hydrolysis.

Tetric N-Bond is a light-curing single-component bonding agent for enamel and dentin bonding in conjunction with the total-etch technique. It

**IVOCCLAR VIVADENT,
LIECHTENSTEIN**
www.ivoclarvivadent.com
Booth J23/J24

SOPROLIFE IMAGING DEVICE

At IDEM 2010 in Singapore, Sopro-Acteon presents SoproLIFE, a new revolutionary fluorescence imaging system for the diagnosis and treatment aid of caries. By making use of the auto fluorescence of dentine, SoproLIFE will allow dentists to detect occlusal or interproximal decay, often missed by X-rays, even in its earliest stages as well as to differentiate healthy from infected tissue in order to excavate only the tissue which is diseased. According to the company, SoproLIFE is used "live" as it is free from ultraviolet or ionising radiation.

SoproLIFE comes with three different operating modes. In Diagnostic mode, the device makes it possible to detect damage at various clinical stages, without loss of consistency and an image magnification of 30 to 100 times. In Treatment mode, SoproLIFE enables actual spatial mapping of unbroken tissue areas which are suspect by showing a differentiation of pre-operative healthy tissue versus diseased tissue. The Daylight mode allows dentists to get acquainted with images in blue light by



comparing them with images under white light.

Because it can be adapted to the most complex of clinical situations, SoproLIFE will enable the practitioner to quickly adjust his treatment options, the company said. Connected to Sopro's Imaging software, a dedicated module will allow users to have a personalised and customised follow-up of the patients. It can also be connected to any colour monitor or to any other imagery software.

**SOPRO-ACTEON IMAGING,
FRANCE**
www.acteongroup.com
Booth A16/B15

INSTRUMENTS FOR MINIMALLY INVASIVE LUXATION

Nowadays, dentists are able to extract teeth and place an implant immediately, considering that the indications for this procedure are observed. In such cases, the extraction must be performed as atraumatically as possible. MINVALUX instruments with a colour-coded ergonomic TRINOVO instrument handle and a single working end from Kohler have especially been designed for minimally invasive extraction surgery.



The fine working tips are used to divide the desmodontal fibres of the tooth or root that is being extracted without damaging the bony socket walls. There are also instruments with thicker working tips for stronger roots (canine, premolar or molar).

and the vestibular and oral approximal surfaces of the tooth being extracted in the interdental space. For optimal effectiveness the working ends have a very pointed shape while the slightly curved elevators are of increasing diameter.

According to the company, the two lancet-shaped instruments can be introduced smoothly into the space between the bony socket walls

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STATIM AUTOCLAVES

The removal of air from the sterilisation chamber in current generation autoclaves is regarded as a prerequisite for sterilisation because air impairs the action of sterilisation steam. According to the requirements of the Robert Koch Institute in Germany, there is more than one way to remove air.

The STATIM 2000S Cassette Autoclave is an biological and mechanical effective an S cycle sterilizer. It can sterilise dental handpieces in between patients in only eight minutes which saves time and prolongs the life of dental instruments, according to the company.



treatment areas making it an ideal complement for the larger practices or clinics.

The STATIM cassette autoclave from SciCan uses multiple pressure changes in the supra-atmospheric pressure range, in order to build up the necessary pressure for sterilisation.

The STATIM 5000S Cassette Autoclave has a greater capacity than the 2000S due

to a larger cassette but is compact enough to fit into patient

STATIM is equipped with a SciCan USB flash memory card or a thermal printer. STATIM units are complaint to BS EN ISO 13060 standard.

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COMPOSAN BIO-ESTHETIC WITH NANO-CERAM-TECHNOLOGY

Composan bio-esthetic from Promedica in Germany is a unique composite material with excellent biocompatibility based on three-dimensionally linked inorganic glass-like components and organic co-polymers in which special nano and ceramic filler were incorporated. According to the company, it features extremely low polymerization shrinkage and high resistance to chewing stress. Furthermore, it shows particular abrasion resistance and excellent biocompatibility.



been significantly improved to assure a perfect and durable marginal seal,

almost nature-like tooth restorations.

Due to an enamel-like thermal expansion coefficient tensions are lowered between the tooth substance and fill-

ing material even in large cavities. In combination with Promedica's Compobond 1—a one bottle bonding with elastic features—the adhesion to the tooth substance has

the company said. Besides tooth-like translucency, very high colour stability, perfect colour adaptation and excellent polishability allow an

Composan bio-esthetic is suitable for all filling classes, the repair of veneers, core build-ups as well as composite inlays. It comes in 4 g syringes and will be also available as flow version in translucent shades that match those of the packable version. Composan bio-esthetic flow is indicated for minimally invasive preparations, approximal and class V cavities, extended fissure sealing, repair of fillings and veneers.

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A POWERFUL LAD SYSTEM

The principle behind light activated disinfection (LAD) is the use of a specific light source to activate a photosensitizer, which serves as a catalyst in transforming oxygen molecules into highly reactive oxygen specimens, such as negatively charged oxygen ions and oxygen radicals. As the photosensitizer has an extremely high affinity to bacterial membranes, the bacteria are instantly destroyed when the reactive oxygen specimens are formed. The technique is especially useful in the oral cavity as it disrupts the biofilm in which the bacteria are embedded.

With FotoSan, CMS Dental from Denmark, introduces a LAD system that is able to treat



a wide range of indications including endodontics, periodontics, periimplantitis, gingivitis, pericoronitis and caries. An introkit

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including two autoclavable covers for the light head, blunt tips for surface treatment and long tips for more profound treatment and endodontics, will be available to IDEM visitors.

The photosensitizer comes in three different viscosities facilitating the practical applications.

According to the company, the treatment with FotoSan lasts only 10 to 30 seconds and has no side effects.

ACE ALL-BOND SE BONDING SYSTEM

The US manufacturer Bisco is introducing ACE ALL-BOND SE, a new hand-held, all-in-one bonding system at IDEM 2010. The system, which combines the light-cured self-etching adhesive ALL-BOND SE for bonding light-, dual- and self-cured materials in direct and indirect restorations with the ACE dispenser, will allow dentists to etch, prime and bond in one simple application. The proprietary formulation changes colours when the two components interact to ensure they are properly mixed prior to application.



According to the company, ALL-BOND SE effectively etches both the enamel and dentin to prevent marginal bond failures and properly seals the surface against microbial invasion. Additionally, the system reduces or eliminates the incidence of post-operative sensitivity, they added.

ALL-BOND SE comes in a proprietary cartridge that fits into the ACE dispenser that accurately dispenses the correct proportion of material. The dispenser is activated with just one click. After the mixing, the adhesive can be applied with the provided bristle brush.

BISCO, USA
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AD



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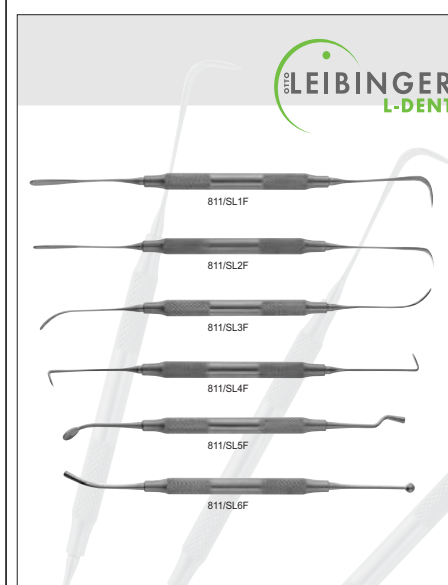
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020819_1409

FLEXIBLE SINUS LIFT CURETTES

The range of Sinus Lift Curettes made by Otto Leibinger, Germany, has been extended by four different new Flexible Sinus Lift Curettes. They are being used for the direct



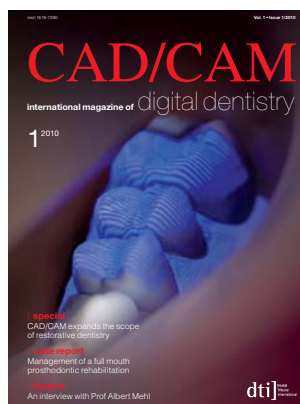
sinus lift and due to the flexibility or the so called unique swing effect of the working tips it increases the sensitivity during operation and reduces the risk of perforating the "Schneider'sche membrane".

According to the company, the set is complemented by two additional instruments, one with a spoon and a condenser and one with a condenser on both sides for the application and condensation of bone material.

OTTO LEIBINGER, GERMANY
www.otto-leibinger.de
Booth G16

DTI TO LAUNCH CAD/CAM MAGAZINE

CAD/CAM-based dentistry is one of the fastest growing market segments in dentistry. *CAD/CAM international magazine of digital dentistry* (CAD/CAM), the new *Dental Tribune* specialist publication, will present the most significant international developments and experiences in digital dentistry to practitioners and industry leaders around the world, with the aim of providing comprehensive knowledge and information on the latest technology that can profitably be integrated into treatment concepts.



The quarterly magazine will be sent to specialists around the world and distributed at all major international congresses and exhibitions as well as at many specialty-specific events.

The range of topics covered in the magazine will include CAD/CAM, digital imaging, rapid prototyping, virtual articulation, dental materials, impressing, radiography, software processing, and innovations in digital dentistry. The content is a combination of scientific articles, case reports, industry reports, reviews (meetings, products, etc.), news, practice management articles, and lifestyle articles.

DENTAL TRIBUNE INTERNATIONAL, GERMANY
www.dental-tribune.com
Booth J39

IDENTIUM ONE-STEP IMPRESSION MATERIAL

Kettenbach, one of the leading international producers of impression materials, will showcase its Identium impression material during IDEM 2010 in Singapore. The material features Vinylsiloxanether, a new chemistry that combines all advantages of polyether material paired with those of an A-silicone.



According to the company, Identium has been developed especially for the one-step impression techniques, it has excellent flow properties due to its extraordinary hydrophilicity (immediate contact angle <math>< 10^\circ</math>) and is easy to remove from mouth or mold. It is also tasteless and

odorless. Identium for the one-step, double-mix impression technique is available in heavy, medium, and light-body consistency for Plug & Press automatic dispenser (5:1 ratio) system and comes in 50 ml cartridges.

Founded in by August Kettenbach, Kettenbach is located in Eschenbach in Germany. The company was created in 1944

for the development and marketing of medical and dental products. Today, the company is one of the leading international producers of impression materials for use in dentistry. It is also active in other surgical areas of medicine.

KETTENBACH, GERMANY
www.kettenbach.com
Booth C22-C24/D23

ACTEON SHOWCASES IMPLANTCENTER2 UNIT

Satelec, a founder of piezoelectric ultrasonic generators for dental use, has announced the introduction of its second generation devices in pre-implant surgery. The Implantcenter2 will take full advantage of the technological achievements of its predecessor, such as the Cruise Control System, the reliability, robustness, and high power. In addition, it now features LED technology.

implantology to periodontal therapy can be done with this single unit. Its convex shape and large 5.7" touch-sensitive screen will make it the ideal device for bone surgery, they added. It offers a Piezotome mode for pre-implant surgery and a Newtron mode for all conventional treatments. The Piezotome mode facilitates and improves the safety of delicate pre-implant surgical procedures such as fine osteotomy, osteoplasty, sinus elevation, ridge expansion or syndesmotomy.

Thanks to the ultrasonic frequencies (28-36 kHz), ImplantCenter2 is active on hard tissues while limiting the risk of soft tissue lesions. The modulated piezo signal is supposed to allow tissue relaxation and faster cell repair for a clean cut and better healing. The Newtron mode, on the other hand, is taking use of a wide range of tips on the market. More than 70 tips are available for periodontology, endodontics, prevention and prosthodontics.



Each tip can be identified by a coloured ring

setting recommended for each procedure.

The micro-motor system I-Surge is especially convincing due to its unsurpassed constant torque and steady high-performance, even in lower revolution ranges. With a range of 100 to 40,000 rpm, it is said to offer the widest revolution range in its class. And with 6 Ncm, it delivers unrivalled torque in micro-motors, the company said.

which simplifies selection of the power

The new technology in the handpieces triples the ultrasonic power in bone surgery. The addition of LED allow for an optimal vision of the operative field. The Piezotome2 and Newtron LED handpieces feature a long-life light ring including six ultra-powerful LEDs (100,000 Lux). The LED handpieces are autoclavable at 134°C.

SATELEC, FRANCE
www.acteongroup.com
Booth A16/B15



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