

today 04 05



Photography made simple

For almost a century, SHOFU Dental has been an international household name for dental clinical and lab materials. Now, the Japanese company is introducing a new digital camera for use in dentistry.

»Page 4



Infection control

today had the opportunity to talk to IDEM speaker Prof. Laurence Walsh, Australia, about new threats for dentists and why infection control does not have to be a costly endeavour.

»Page 6



Innovations

The International Dental Exhibition & Meeting 2014 will be an excellent opportunity to see the most up-to-date technologies and achievements in the field of dental medicine.

»Page 16

Suntec opens today for Singapore's biggest dental show ever

New products and services for dentistry on display at Levels 4 and 6



With the show, which is being held in the city-state for the eighth time, will have to reorientate themselves as major reconstruction of the Suntec City complex in Marine Parade has also brought changes to the show itself.

The exhibition, previously held only on Level 4, has been expanded to include Level 6 and now provides exhibition space for more than 500 dental manufacturers and dealers from the region and beyond. Furthermore, all sessions of the scientific programme are now being held on Level 4, making it more convenient for visitors to move quickly between the industry showcase and scientific presentations.

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(DTI/Photo courtesy of Koelnmesse, Singapore)

Anticipation was growing as final preparations were made yesterday before the doors of the Suntec Singapore Convention & Exhibition Centre swing open this Friday for the next edition of the International Dental Exhibition & Meeting in Singapore. Those famil-

Useful information

Exhibition opening hours

• Friday, 4 April:
10.00 am–6.00 pm

• Saturday, 5 April:
10.00 am–6.00 pm
• Sunday, 6 April:
10.00 am–4.00 pm

Food and beverages

A lunch area for delegates is located in the back of the exhibition hall on level 6.

Internet

Free wireless internet is available in all areas of the exhibition centre.

Money

ATM machines can be found throughout the Suntec City Mall. Banks in Singapore are open from 9.30 am to 3.00 pm on weekdays, and 9.30 am to 11.30 am on Saturdays.

Embassies

Foreign representation offices can provide help in emergency situations like lost passports or visas. They can also assist with travel arrangements or give legal advice. Contact information for foreign missions other than those provided in the list below can be found at the website of the Ministry of Foreign Affairs (www.mfa.gov.sg).

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• Emergencies, Fire or Ambulance: 995
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(DTI/Photo courtesy of Koelnmesse, Singapore)



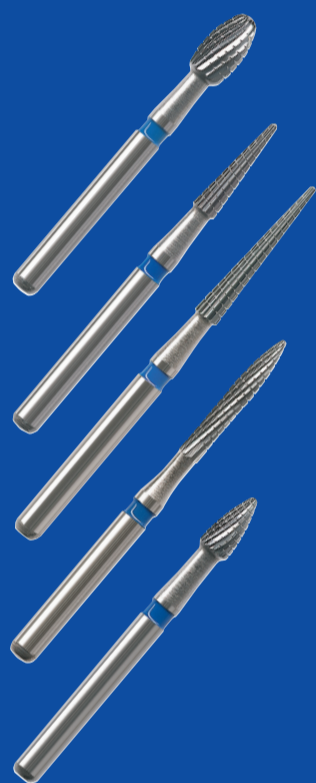
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The educational offerings at IDEM have also been extended in terms of professionals groups and now include special forums not only for dental labs at the Dental Technicians Forum presented by the Centre for Advanced Professional Practices, but also for hygienists and final year students who are about to start a career in the field. More clinically-focussed education will be provided by Dental Tribune International, which is hosting its third Dental Tribune

additional exposure to radiation. The company is also presenting a new device for panoramic imaging at IDEM: VistaPano.

Dental products made in France are on display at Level 6, where FFDM-Thomas will be presenting a variety of dental instruments such as dental implant drills and endodontic files. The manufacturer from Bourges, a city in the heart of France, is showcasing dental trephines of the Thomas brand which can be used to remove bone around dental implants safely. Also on dis-



(DTI/Photo courtesy of Koelnmesse, Singapore)

Study Club symposium at Booth 6P-22 on Level 6. The free-access lecture series is supported by a number of industry players and will run daily from 10.00 am to 6.00 pm. (10.00 am to 4.00 pm on Sunday). Highlights of today's programme are presentations on 3-D imaging technology and smile design, among other topics.

According to Michael Dreyer, Asia Pacific Vice President of Koelnmesse, with whom *today international* had the opportunity to speak yesterday over the phone, said that participation for this edition of IDEM Singapore is anticipated to increase by approximately 12 per cent compared to the last show in 2012, which saw an overall attendance of over 7,000 professional visitors. A large proportion of the new visitors are from within the region itself, he said, further emphasising IDEM's position as the largest meeting for dentistry in the Asia Pacific region. Owing to a new contract with Suntec for the use of Level 6 for the show, IDEM is also prepared for more growth in the future, he added.

Among the new products presented at IDEM will be an optional interchangeable optical head for Dürer Dental's dental camera system VistaCam iX. According to the German dental manufacturer, the new optical device boasts infra-red technology to aid in the diagnosis of approximal caries without

play is the Universal Post Remover, which can be used for the removal of post from root canals.

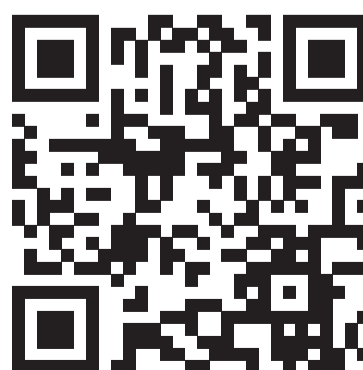
Inbsa Dental provides a complete range of drugs to deliver safe, convenient and effective anaesthesia for every type of dental procedure. Its local anaesthetics are aseptically manufactured and they make use of silicone-coated, latex-free rubber components to allow a smooth and painless injection, says the Spanish company.

System Soft-Blank is a nickel- and beryllium-free cobalt/chrome disc from the German manufacturer Adentatec; it is biocompatible and features high resistance to corrosion. It is also said to be extremely soft, tensile and homogeneous owing to special heat treatment. According to Adentatec, System Soft-Blank is suitable for soldering and is available in many diameters and measurements for almost every type of machine.

The Australian company SDI presents Riva Self Cure HV, a high viscosity, extremely strong self-curing glass ionomer restorative, which is strong enough to resist surface indentation and to withstand substantial mechanical loads. Among other benefits, it can be bulk placed and does not adhere to instruments. In addition, Riva Self Cure HV's packability is supposed to make restorations easy to shape and contour.

Premier Dental Products has brought four new innovative implant scaler designs to IDEM this year. The styles 137 (Anterior), 204 (Posterior), Facial (Goldman Fox) and Universal (4L/4R) are designed to offer a full selection to dental professionals. According to the US company, its implant scalers are made from fibre-reinforced graphite, a material that is strong yet slightly flexible. These features allow the tips to access tight areas effectively and safely, while helping to avoid damage to the surface of the implant.

For more news from this year's IDEM Singapore please scan the QR code at the bottom left or visit www.dental-tribune.com.



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Dental photography made simple by SHOFU

Japanese dental manufacturer introduces the EyeSpecial C-II dental camera at IDEM Singapore 2014

■ For almost a century, SHOFU Dental has been an international household name for dental clinical and lab materials. However, the company has also been manufacturing and selling equipment for digital dentistry and photography, if only in its home market in Japan. With the introduction of the new EyeSpecial C-II digital camera (on display at IDEM 2014) SHOFU is now bringing a new digital camera to Singapore, exclusively developed for use in dentistry.

Made completely in-house in cooperation with experts in photography and cosmetic dentistry, the camera was conceptualised to be useful for a wide range of dental applications including intraoral photography, shade selection and detailed image taking of anterior teeth. It comes with eight pre-set dental modes which, according to SHOFU Dental's Asia-

Pacific Managing Director Patrick Loke, are combined with a built-in proprietary flashmatic system and a number of image processing functions like colour-correction and auto-cropping to simplify the process of dental photography significantly. He added that the camera is extremely lightweight and features a large LCD touch-screen display, making it possible for the user to operate it with one hand, leaving the other hand free for holding the mirror or cheek retractor.

"This camera is so simple and predictable that it provides a fool-proof solution for dentists, enabling even those without any in-depth knowledge of dental photography to take accurate photos every time. The entire dental team, even in multi-specialty practices, will benefit from it," Loke told *today international* on Thursday.

Prior to its premiere here at IDEM, the camera has been showcased at large dental meetings in the US and China. But it is here, in Singapore, that the EyeSpecial C-II will be presented to a large community of Asian dental professionals for the first time. "We believe that IDEM is the most suitable event in which to launch the EyeSpecial C-II as it will give this unique product regional exposure," explained Loke.

He said that further development into shade taking and restorative simulating functions is anticipated for the camera in the future.

Visitors to IDEM Singapore 2014 will be able to get hands-on with the EyeSpecial C-II at SHOFU's booth 4A-10 on Level 4. In addition to the camera, the company also has a number of products for restorative dentistry on display, including



Patrick Loke, SHOFU Dental's Asia-Pacific Managing Director.

the universal direct aesthetic restorative Beautiful Injectable and BeautiSealant, a product for

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Straumann invests in MegaGen

Swiss implant company aims for more expansion in Asia-Pacific region

■ This week, global dental manufacturer Straumann announced that it has made a strategic investment in MegaGen, one of the fastest-growing dental implant companies in Korea. Straumann purchased convertible bonds for a total of US\$30 million, which can be converted into shares in 2016 to obtain a majority stake in the company.

In order to drive expansion in the implant segment in the Asia-Pacific region, Straumann is aiming at building a platform for value brands in which MegaGen will have an important role as a strong partner based in Asia, said Marco Gadola, Straumann's CEO.

The Korean company stated that it will be investing the majority of the transaction proceeds in the expansion of its domestic and international implant business and the worldwide promotion of its digital platform.

MegaGen is a privately held company owned by about 150 shareholders, with the three founding shareholders holding 38 per cent of the shares. Based in Daegu and Seoul, the company offers a broad range of low-cost implant systems, digital dentistry solutions, regenerative tools and products to support implant procedures. In 2013, the company generated global revenue of more than US\$30 million, of which almost two-thirds was generated in the Asia Pacific region.

The two companies will continue to operate separately as different brands, reflecting Straumann's multi-brand strategy that was implemented already with the purchase of Brazilian manufacturer Neodent and CAD/CAM solutions provider Dental Wings.

Straumann acquired a 30 per cent stake in Dental Wings in 2011 and a 49 per cent stake in Neodent in 2012.

UNIDI announces Africa's first international dental expo

Show in Dakar will target Economic Community of West African States



Representatives of the dental industry will get together at the Centre International du Commerce Extérieur du Sénégal in Dakar. (DTI/Photo courtesy of UNIDI, Italy)

Africa is currently preparing for its first international dental exhibition ever. The International Dental Exhibition Africa (IDEA) is targeted mainly at importers, distributors and agents in the dental industry, who will have the opportunity to meet the exhibiting companies looking to expand their business into the African market. IDEA will be held at Centre International du Commerce Extérieur du Sénégal in Dakar from 13 to 16 November 2014.

The organiser, the Italian Dental Industries Association (UNIDI), is working closely with local bodies, such as the Ministry of Health, the Ministry of Tourism and the Economic Community of West African States (ECOWAS) in order to guarantee a high-quality event and ensure smooth planning.

IDEA has been promoted already at major dental events, such as International Expodental in Milan, CIOSP in São Paulo, AEEDC in Dubai and the Chicago Dental Society Mid-winter Meeting, and generated a great deal of

interest from foreign dental manufacturers aiming to enter the African dental market.

The reference market for IDEA is the ECOWAS countries, including Benin, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Niger, Senegal, Togo, Gambia, Ghana, Guinea, Liberia, Nigeria, Sierra Leone and Cape Verde, covering a total surface area of 6.1 million sq km with a population of over 300 million. UNIDI aims to make IDEA the reference event for the entire West African dental industry.

UNIDI will be supported by Dental Tribune International (DTI), which was chosen as its official media partner. The international publisher of dental media will produce a today trade show newspaper, which will provide visitors with relevant information about the show, interviews, product news, industry reports, and an event schedule.

More information is currently available at booth 4B-10 or at www.ideadakar.com.

Dental Tribune International to launch Digital Dentistry Show

Today, digital technology is one of the fastest-growing market segments in dentistry and digital processes are increasingly determining everyday practice in dental offices and laboratories. In order to offer dental professionals a

unique opportunity to keep up with these developments, Dental Tribune International (DTI) will be hosting the Digital Dentistry Show (DDS), the first event entirely dedicated to the field, in October this year.

In recent years, an increasing number of dental companies have released innovations in digital hardware, software and consumables, such as 3-D imaging, CAD/CAM and intra-oral devices. DDS will provide comprehensive information on the latest digital technology and is targeted at dentists, dental



technicians and representatives of the dental industry.

In contrast to the conventional booth-based presentation of products, DDS will be showcasing digital innovations through a combination of sponsored live product presentations, hands-on workshops, discussion sessions, an exhibition and a printed guide, offering participants a dynamic and interactive education experience.

The show will be launched at the International Expodental in Milan, one of the most important events in the Italian dental industry, which will be held from 16 to 18 October. Online registration for dental professionals will soon open on the DDS website. More information are available at booth 6P-22 or online at www.digitaldentistryshow.com.

The show will be launched at the International Expodental in Milan, one of the most important events in the Italian dental industry, which will be held from 16 to 18 October. Online registration for dental professionals will soon open on the DDS website. More information are available at booth 6P-22 or online at www.digitaldentistryshow.com.

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“Infection control does not have to be more expensive or complex”

An interview with IDEM presenter Prof. Laurence Walsh, Australia



Prof. Laurence Walsh

■ Standing in for Prof. John Molinari, who was originally intended to present at IDEM Singapore this year, Prof. Laurence Walsh from the University of Queensland's School of Dentistry in Brisbane in Australia is going to present the latest insights in infection control practice during a lecture and workshop to be held today as part of the scientific programme. *today international* had the opportunity to speak with him beforehand about new threats and why infection control does not have to be a costly endeavour.

today international: Prof. Walsh, infection control in dental practices differs widely in Asia. What are the main reasons for that?

Prof. Laurence Walsh: In fact, standards of infection control vary around the world and part of the reason for that is the way dental services are regulated in each country, as well as the amount of effort national governments put into things like practice inspections and audits.

At the moment, the weakest area is how instruments are being processed. There is good evidence that, in several parts of the world, this is still mostly done by hand rather than by mechanical devices, such as ultrasonic cleaners or thermal disinfectors. We know that these machine-based systems do the job not only faster and better, but also with less risk to the staff. It is probably not uncommon for people to still be cleaning one instrument at a time in some parts of the world. In that sort of situation, it is easier to overlook one area or another of an instrument.

When cleaning is done with a mechanical system, however, the design of the system ensures that all the surfaces of the instrument are given equal exposure to the disinfecting agent. Greater use of mechanical cleaning is something we will likely see more often in areas of the developing world.

I think this is something that will happen gradually as the general awareness of the public concerning infection control practice increases. When wearing gloves became routine in dentistry in the early 1980s, for example, it took probably around five to ten years for patients to expect the person treating them during a dental visit to use gloves. Sometimes, these expectations take a while to work their way through the system. This is just the reality of the world we live in.

With tens of millions of new infections expected to occur in this decade in Asia alone, HIV/Aids has been identified as one of the main threats to infection control. What other threats should health professionals, including dentists, be concerned about?

HIV is still very much on the world stage, particularly in large, populous countries, such as India and China. While the percentage of HIV infections is very low owing to the large populations in these countries, it is important not to forget about the virus or think that it has been eradicated. In my home country, Australia, for example, the rate of HIV infections has not changed much, despite efforts such as education and public health measures.

A greater issue in Asia, however, is the various forms of influenza viruses and other infections. With the exception of the 2009 swine flu outbreak, many of these (SARS,



(DTI/Photo courtesy of KPG_Payless)

around them and risk being exposed to the virus. People now think about birds and chickens in much the same way and this awareness is perhaps an important message to be taken from these incidences. There is ongoing concern about the equatorial regions because large numbers of people and birds live very close together in those areas.

A second serious concern, mainly in developed parts of the world, is antibiotic resistance.

There is a large push in countries like Australia, the UK and the US to limit the way health professionals use antibiotics. I was looking at some data recently for different regions in the US and there are actually parts of the country where more prescriptions for antibiotics are given out every year than there are people in that state. This means that every person in the state receives one or two prescriptions for antibiotics every year! This has created enormous potential for developing

in over 300 patients owing to incomplete sterilisation of dental instruments.

There were quite a number of instances in the media last year. I guess the most famous one occurred in Oklahoma in the US, where 6,000 patients treated at a dental practice had to be recalled for blood tests. The practice had treated large numbers of patients who were known to have HIV and viral hepatitis, so it is likely that there might have been patients who were exposed to these sorts of conditions because of very poor sterilisation practices. That happens even in the developed world. I expect not all make the front page of the local newspaper but they keep consultants or investigators like me, who are brought in to unravel these problems, busy.

These incidences are not necessarily limited to a very affluent country or a country that is still developing. They actually happen because health professionals simply cut corners or do not know the correct way of doing things. It comes down to continuing education and the way our students are trained in dental school. This is probably more important than government regulations, accreditations or practice inspections, which are things that often happen after the problem has occurred. They are more of a reaction to the problem than a preventative measure, which would be to train students properly in the first place.

“Standard precautions, such as using gloves and the routine processing of instruments, are expected to be followed around the world.”

Asian flu, Hong Kong flu, etc.) have originated on the continent. There are some unusual practices in many countries concerning people's proximity to different sorts of birds, particularly domestic chickens. When animals and people live in such close proximity, opportunities for the potential spread of infection from animals to people arise.

In Australia, we currently have some major problems with viruses that are carried by large colonies of bats. If one has a colony of several thousand of these animals in one's district, one probably does not want to spend too much time

There are many types of these today. The different varieties of resistant bacteria include tuberculosis and a whole range of gut-type bacteria. We now even have resistant bacteria in the mouth. This is a phenomenon that a few years ago was only seen in hospitals and infectious disease patients. Now, resistant bacteria are much more common in nursing homes and other care institutions. The number of newly developed antibiotics has been going down progressively over the last ten years, so there are fewer weapons being brought into the war against resistant bacteria each year.

resistance. Many governments around the world are now starting to change regulations around the use of antibiotics in an attempt to restrict their use to essential indications, so that they are not used unnecessarily.

So, breaking it down, we have a high-technology problem in the developed world and a low-technology problem in developing countries.

How often do incidences of failed infection control occur? In 2012, for example, the University of Hong Kong Health Service's Dental Unit had to call


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today *page 06

Standard precautions, such as using gloves and the routine processing of instruments, are expected to be followed around the world. These measures have to be applied to the treatment of every patient every day regardless of who they are. What we are dealing with now are patients who may have tuberculosis or the seasonal influenza virus, which is quite a tricky situation in a clinical practice because they are very easily spread.

Probably one in four patients who contract the flu is known as a superspreader, which means they shed massive amounts of the virus in the area around them and are much more able to infect other people. If a practice does not follow precautions additional to the standard precautions in this case, it is very likely that either members of the staff or another patient they see later in the day could contract the flu. In terms of seriousness, it is well documented that patients who are over 65 have

a much higher mortality if they contract the regular seasonal influenza virus than most other patient groups.

We tend to stress hepatitis B, HIV and hepatitis C, but, by sheer weight of numbers, patients are much more likely to contract influenza in a dental practice that does not follow correct infection control practices and then take it home to the other members of their family. The long-term consequences of that could be very severe.

When infection control is taught today, much time is given to things that can be inhaled, not just things that enter the body through a dental needle piercing the skin. When it became a hot topic in the early 1980s, the focus of infection control was very much around hepatitis and HIV but, in terms of the frequency of exposure, we see a great deal of awareness now of things like biofilms, *Legionella* and influenza, things that dental staff can actually inhale at work. I guess that is a much more common-sense

approach because it focuses on the exposure that dental staff may have at work every day rather than things they are rarely exposed to in many parts of the world.

In most countries, there are protocols for that. For example, in my country we use a pre-procedural mouth rinse, schedule the patient for the end of the day and clean all the surfaces in the dental surgery twice. There is a whole protocol of extra things that can be done to deal with the additional risk.

Is the correct way of performing infection control affordable, particularly for dentists in developing countries?

Some of the most simple and basic things in infection control come down to wearing a mask or gloves the correct way and ensuring that one is practising the correct hand hygiene. These are things that are not very expensive. The cost of putting on new disposable gloves for every patient is only a fragment of the actual total cost of providing care to the patient, which includes the use of materials, such as composites and bonding agents. When one looks at it in terms of the overall running of a practice, it is probably less than a couple of syringes or something else that we might have also used during the day. So while it does cost, relatively speaking it does not cost quite that much.

In a number of countries, including my own, a great deal of work is being done in terms of sustainability, which basically focuses on throwing fewer things away. There is all sorts of unnecessary waste. In some parts of the world, people put on too many plastic covers when they probably do not need to because the surface is designed to be wiped over with a disinfecting agent. It is almost like a pendulum: when the pendulum swings too far, one applies additional measures and all that results are costs with no extra protection.

Around the world, there has been a very strong push towards looking at the evidence for doing or not doing certain things. A very good example is that, during the swine flu outbreak in many parts of the world, people bought large numbers of high-filtration masks. A number of studies showed that, while the mask has a better filter, often the staff did not wear it properly and therefore did not gain any benefit from having spent all the extra money and the discomfort of wearing the mask. So one might have a better protective measure, but people do not apply it properly or misunderstand it.

That is probably a very important lesson. Sometimes, infection control does not have to be more expensive or complex. It comes back to things like protecting against what people breathe in and ensuring that good hand hygiene is practised. These are some of the principles that are not expensive to follow but, if one gets them wrong, things can go bad very quickly.

Thank you very much for the interview.

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