

cosmetic dentistry

the international C.E. magazine of beauty & science

1 2011

_c.e. article

Same day inlays/onlays
strive to save the tooth

_clinical

Two-stage esthetic
crown lengthening

_industry report

BEAUTIFIL Flow Plus:
dentistry simplified



ANNUAL DENTAL TRIBUNE STUDY CLUB
SYMPOSIA AT THE GNYDM

NOVEMBER 27TH - 30TH, 2011, STARTING AT 10:00 AM DAILY



For the fourth year in a row, Dental Tribune Study Club hosts its annual C.E. Symposia at the GNYDM, offering four days of focused lectures in various areas of dentistry. Find us on the exhibition floor in aisle 6000!

Each day will feature a variety of presentations on topics, which will be led by experts in that field. Participants will earn CE credits for each lecture they attend. DTSC is the official online education partner of GNYDM.



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SUNDAY, NOVEMBER 27

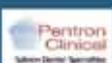
-  10:00 - 11:00 DR. HOWARD GLAZER // COURSE NO. 3780
GIOMERS: NEW GIANTS OF MI DENTISTRY
-  11:15 - 12:15 DR. SHAMSHUDIN KHERANI // COURSE NO. 3790
COMPREHENSIVE DENTISTRY USING DIGITAL IMPRESSION TECHNOLOGY
-  12:45 - 1:45 DR. RON KAMINER // COURSE NO. 3800
THE HOTTEST TOPICS IN DENTISTRY
-  2:00 - 3:00 DR. LOUIS MALCMACHER // COURSE NO. 3810
MINIMALLY INVASIVE DENTISTRY: TIPS AND TRICKS TO MAXIMIZE SUCCESS
-  3:15 - 4:15 TBA // COURSE NO. 3820
TECHNOLOGY TO IMPROVE YOUR CARIES MANAGEMENT
-  4:30 - 5:30 DR. GEORGE FREEDMAN // COURSE NO. 3830
EVOLVING CONSERVATIVE RESTORATIONS

TUESDAY, NOVEMBER 29

-  10:00 - 11:00 DR. GEORGE FREEDMAN AND DR. FAY GOLDSTEP // COURSE NO. 5690
INNOVATIONS THAT WILL CHANGE YOUR PRACTICE FOREVER
-  11:15 - 12:15 TBA // COURSE NO. 5700
THE IMPORTANCE OF THE FLAP DESIGN IN RELATION TO THE TYPE OF THE UNDERLYING BONE DEFECT
-  12:45 - 1:45 DR. GEORGE FREEDMAN AND DR. FAY GOLDSTEP // COURSE NO. 5710
THE DIODE LASER: THE ESSENTIAL SOFT TISSUE HANDPIECE
-  2:00 - 3:00 DR. SELMA CAMARGO // COURSE NO. 5720
LASERS IN ENDODONTICS: CLINICAL APPLICATION FOCUS ON DIFFICULT CASES
-  3:15 - 4:15 JULIA WEHKAMP // COURSE NO. 5730
ONLINE LEARNING: A NEW APPROACH TO CONTINUING DENTAL EDUCATION
-  4:30 - 5:30 DR. MARIUS STEIGMANN // COURSE NO. 5740
MY FIRST ESTHETIC IMPLANT CASE - WHY, HOW, & WHEN?

*THIS PROGRAM IS SUBJECT TO CHANGE

MONDAY, NOVEMBER 28

-  10:00 - 11:00 DR. FAY GOLDSTEP // COURSE NO. 4670
WHAT PATIENTS WANT... WHAT DENTISTS WANT: EASY, HEALTHY DENTISTRY!
-  11:15 - 12:15 DR. SHAMSHUDIN KHERANI // COURSE NO. 4680
LASER DENTISTRY OVERVIEW WITH AN UPDATE ON CLOSED FLAP OSSEOUS
-  12:45 - 1:45 DR. LARRY EMMOTT // COURSE NO. 4690
REMEMBER WHEN "E" WAS JUST A LETTER? USE E-SERVICES TO IMPROVE PATIENT CARE AND INCREASE PROFITABILITY
-  2:00 - 3:00 DR. GEORGE FREEDMAN AND DR. FAY GOLDSTEP // COURSE NO. 4700
DIODE LASERS AND RESTORATIVE DENTISTRY
-  3:15 - 4:15 DR. DAMIEN MULVANY // COURSE NO. 4710
WHY VIEW YOUR 3D PATIENTS WITH 2D IMAGES? A COMMON SENSE APPROACH TO 3D IMAGING IN THE GENERAL PRACTICE
-  4:30 - 5:30 DR. MARTY JABLOW // COURSE NO. 4720
UNDERSTANDING THE ADVANCES IN SELF-ADHESIVE TECHNOLOGY AND HOW TO INCORPORATE THEM INTO YOUR RESTORATIVE PRACTICE

WEDNESDAY, NOVEMBER 30

-  10:00 - 11:00 DR. MARIUS STEIGMANN // COURSE NO. 6600
MY FIRST ESTHETIC IMPLANT CASE - WHY, HOW, & WHEN?
-  11:15 - 12:15 DR. GEORGE FREEDMAN AND DR. PAT ROETZER // COURSE NO. 6610
CEMENTING ALUMINA AND ZIRCONIA RESTORATIONS
-  12:30 - 5:00 **OSSEO SUMMIT**
DR. DAVID HOEXTER, ALONG WITH VARIOUS IMPLANT EXPERTS // COURSE NO. 6620
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For more information, please contact
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Welcome to cosmetic dentistry



Torsten Oemus
Publisher
Dental Tribune International

The goal of this quarterly magazine is twofold. First, it seeks to share practical dental knowledge that can be put to use in your day-to-day practice. Second, it is a vehicle to help you chip away at your continuing education (C.E.) requirements.

The amount of new information available in the dental field about new products, techniques and research data is astounding. Running a practice and seeing patients leaves little time for catching up on the latest clinical news and product information. Thus, we hope *Cosmetic Dentistry* will not only be a welcome respite for those rare chunks of time you can devote to leisurely reading, but one that provides a practical return on your investment by providing information that you can actually put to immediate use.

In addition, we know that taking time away from the practice to pursue C.E. credits is costly in terms of lost revenue and time. As a quarterly magazine, *Cosmetic Dentistry* is here to help you chisel at least four C.E. credits per year out of your already busy life without the lost revenue and time away from your practice. To that end, every edition of *Cosmetic Dentistry* will include at least one hour of ADA CERP-certified C.E. credit where readers can answer questions about the materials at www.dtstudyclub.com to earn this credit. Annual subscribers to the magazine (\$50) need only register at the Dental Tribune Study Club website to access these C.E. quizzes free of charge.

In fact, even non-subscribers may take the C.E. quiz after registering on the DT Study Club website and paying a nominal fee. If you are a practitioner with a penchant for words, it might also interest you to know that authors of the C.E.-accredited articles receive 15 percent of the fees collected from the non-subscribers who take the C.E. quiz online. The C.E. quiz for the articles in this edition will be available online on July 25.

Dental Tribune America is part of the largest dental publishing network in the world, Dental Tribune International (DTI), which consists of 23 license partners around the globe. The DTI network publishes a variety of dental publications that are distributed in more than 90 countries. Please visit us online at www.dental-tribune.com to see the variety of publications we offer, and at www.dtstudyclub.com to see the complete list of online and offline C.E. opportunities available. In the meantime, we hope you enjoy the first edition and welcome your feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'Torsten Oemus'.

Torsten Oemus
Publisher

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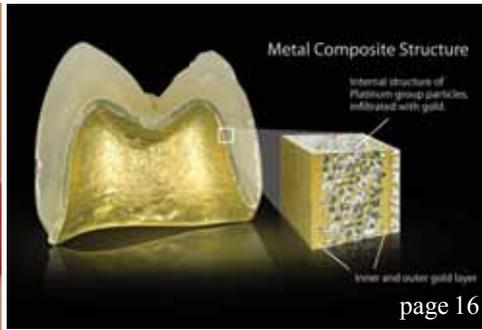


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page 08



page 16



page 22

| editorial

- 04 Welcome to **Cosmetic Dentistry**
_Torsten Oemus, Publisher

| C.E. articles

- 08 Same-day **inlays/onlays** strive to save the tooth
_Lorin Berland, DMD, FAACD, and Sara Kong, DDS
- 16 Clinical indications for a **composite metal PFM restorative**
_Bary F. McArdle, DMD

| clinical

- 22 Two-stage esthetic **crowns lengthening**
_Michael Sonick, DMD, Stephen Rothenberg, DMD and Debby Hwang, DMD

| events

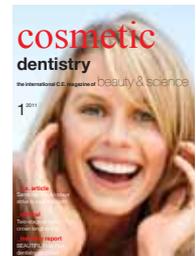
- 26 Practical education for the **implant dentist**
- 28 DTSC Symposia at the **Greater N.Y. Dental Meeting**
_Julia Wehkamp, Dental Tribune Study Club C.E. Director

| industry report

- 29 GrandioSO: the ultimate **handling and performance** composite
- 32 **Nitrous oxide/oxygen sedation:** multidisciplinary application resurgence
- 34 Pola celebrates **10 years**
- 36 Universal **self-etch bonding agent**
- 37 An advancement in **flowable composites**
- 38 BEAUTIFIL Flow Plus: **dentistry simplified**
- 40 Quick technique: **Tetric EvoCeram**
- 43 A **composite** for every need
- 46 Do you require **patient referrals** and higher **case acceptance** rates?
_Harold Meredith

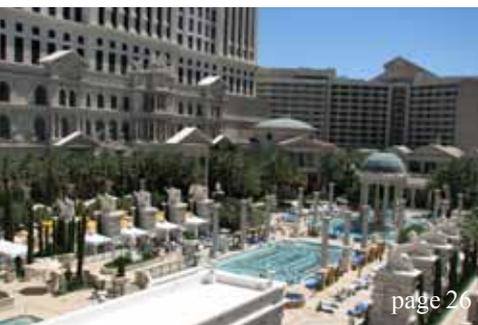
| about the publisher

- 49 _submissions
- 50 _imprint



| on the cover

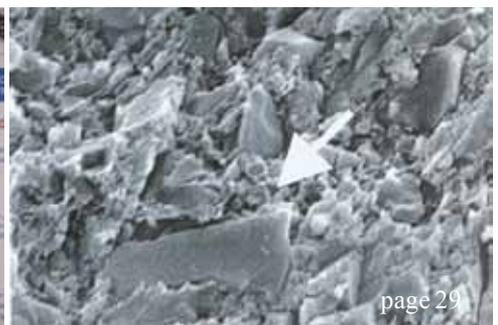
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page 26



page 28



page 29



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Same-day inlay/onlays strive to save the tooth

Authors_Lorin Berland, DDS, FAACD, and Sarah Kong, DDS

c.e. credit part I

This article qualifies for C.E. credit. To take the C.E. quiz, log on to www.dtstudyclub.com. The quiz will be available on July 25.

The name of the game in dentistry today is to save the tooth for use in the future. In this age of adhesive dentistry, respecting and preserving the remaining healthy tooth structure as well as improving esthetics have become components of value as well. With today's advanced technology and materials, longevity is mainly a matter of diagnosis, correct treatment planning and proper execution of technique.

The problem with replacing old amalgams with tooth-colored composites is that they are difficult, inconsistent and unpredictable. Yet, the warranty on these 30-, 40- and 50-year-old silver fillings is running out. We have to remember that amalgam technology is more than 150 years old. At that time, people lost their teeth a lot earlier and died a lot earlier, too.

Now, however, we have a population that is over 50 years old and growing – and they want to keep their teeth feeling good and looking good. Patients are now living longer and they want and expect to keep their teeth for a lifetime.

Adhesive dentistry offers a more conservative restorative approach to conventional dentistry. Why take away healthy tooth structure when there's a viable alternative? Why not attempt to save the good and just replace the bad? Direct composites

and laboratory composite resin systems are valuable and worthwhile options to preserve tooth structure and long-term dental health. After all, preserving a patient's natural tooth, whenever possible, is always in his or her best interest.

It has been our experience that providing multiple, large interproximal posterior composites directly can be difficult to achieve on a consistent basis in the oral environment, especially when replacing amalgams. Why? Because they take a lot of chair time. Amalgams require bulk. That's why we were taught the block type preparation to provide the necessary bulk for strength.

Furthermore, because amalgams do not bond, we were taught to create undercuts and "extension for prevention." As mercury contracts and expands with cold and hot temperature changes over time, cracks form in the glasslike nature of teeth.

Most of the time, these large preps are difficult to restore with direct composite. There are isolation and contamination issues, and it is difficult to replicate nature in the mouth in a timely, cost-effective and predictable manner for every case, every time. In addition, curing in layers makes for a long appointment and increases the possibility of contamination. It is uncomfortable for patients to keep their mouths open for the prolonged amount of time necessary.

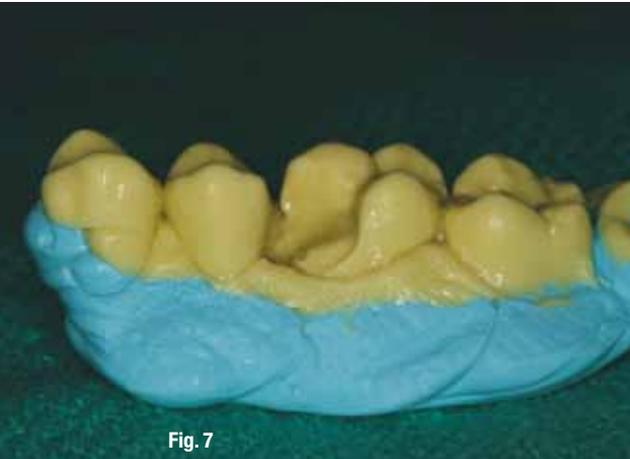
Fig. 1_#3 pre-op, palatal view.

(Photos/Provided by Dr. Lorin Berland and Dr. Sarah Kong)

Fig. 2_#3 pre-op, buccal view.

Fig. 3_Decay removed and lining placed.





Often, large direct posterior composite resins yield unsatisfactory results in terms of esthetics, and especially long-term function, due to curing and contamination issues.

However, when we do same day inlay/onlays out of the mouth and in the laboratory, we find that multiple posterior restorations are easier, stronger and more anatomically correct. Because they are processed at the same time, they can be even more time efficient than using a CAD/CAM system and reduce tooth movement during the transitional phase that can result in altered contact or occlusion.

Not having to deal with provisional restorations absolutely eliminates those untimely emergencies when temporaries break or come off. Those costly, non-productive, uncomfortable and unhappy second appointments can also be avoided, saving every-one time and money. In addition, without concerns about retention of temporaries, preparation can be even more conservative.

Case No. 1

In this case, the patient came to our office on an emergency basis with a broken tooth on the upper right molar. It was no surprise that the tooth had a previously placed MO amalgam with recurrent decay that caused the mesiobuccal cusp to fracture off completely (Figs. 1, 2). Often, teeth that have had old amalgam fillings tend to break due to cracks caused

by the expansion and contraction of the metal alloy in the tooth's glasslike substance.

In addition, caries detectors were non-existent when the bulk of amalgam restorations were placed so many teeth have recurrent decay under the old amalgam fillings.

After thorough clinical and radiographic examinations were performed, it was determined with the patient's input that a same-day onlay would be the most prudent option for this tooth. This way, he would be receiving the maximum amount of care in the least amount of time.

The procedure

After placing topical anesthetic, articaine HCl 4 percent with 1:1,00,000 epinephrine was administered to achieve profound anesthesia. Next, a nitrous oxide nasal mask was placed to decrease the patient's exposure to mercury aerosol while the amalgam was being removed. In this case, because the patient opted not to use nitrous oxide, pure oxygen was administered through the nasal mask.

We continued by isolating tooth #3 with a rubber dam. This step was essential to reduce the amount of amalgam ingested by the patient. It also offers isolation, higher visibility and better dentistry for our patients. If doing quadrant dentistry, I like to use the split-dam technique, which stretches to include several adjacent teeth in a quadrant. A FenderWedge

Fig. 4_Prepped tooth, palatal view.
Fig. 5_Silicone model.
Fig. 6_Sectioned model.
Fig. 7_Silicone model, buccal view.
Fig. 8_Tooth ready to bond.
Fig. 9_Expasyl placed interproximally prior to seat.