

DENTAL TRIBUNE

The World's Dental Newspaper • Canada Edition

APRIL 2013 — VOL. 7 NO. 2/3

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IT'S ONLY TWO CROWNS A MONTH!

Before you add another product or service, Louis Malmacher wants you to know exactly how that 'little' monthly payment fits into your total budget.

► page A3



WITH KIDS: NO DRILL MAY MEAN LESS FEAR

Study of 200 children with tooth decay shows new caries treatment using no drill or anesthetics is widely preferred by the majority of young patients.

► page A22



IMPLANT TRIBUNE

UPDATING STANDARDS

Top clinicians gather in Bern, Switzerland, to update implant dentistry's 'golden standards.'

► page B1



Getting closer: building natural teeth in the lab

Bioengineered teeth have dentin, enamel and viable roots

Researchers at the Dental Institute at King's College London say they're a step closer to growing human teeth in the lab using cells from the individual who would ultimately receive the tooth as a natural implant.

Led by Professor Paul Sharpe, the research team isolated adult human gingival tissue from dental patients at the institute, grew more of the tissue in the lab, and then combined the tissue with mesenchyme (tooth-forming) cells from mice. The combination of cells were transplanted into mice renal tissue, where they grew into hybrid human/mouse teeth that contained dentin and enamel — and formed viable roots.

The root formation is seen as a key breakthrough, because bioengineered teeth with natural root structure could eliminate one of the challenges sometimes seen with tooth-implant technology to date: a risk of bone loss in the area of the jaw that anchors an artificial implant. Such bone loss has been attributed to friction that occurs when eating or because of other jaw movement.

The goal is creation of a viable root that would be integrated into the jaw as if it was the recipient's natural tooth. There's no need for the crown of the tooth to match the bite, because technology exists to create a man-made alternative

that integrates appropriately into the bite and appearance — and functions comparably to a natural crown.

The King's College London Dental Institute reports that previous efforts to produce bioengineered teeth (bioteeth) have focused primarily on the generation of immature teeth (teeth primordia) that mimic those in the embryo. Such teeth could be transplanted as small cell "pellets" into the adult jaw to develop into functional teeth. It has been demonstrated that embryonic teeth primordia can develop normally in the adult mouth, so if suitable cells can be identified and combined in such a way to produce an immature tooth, there is a realistic prospect that bioteeth can become a clinical reality.

Subsequent studies have largely focused on the use of embryonic cells; and although it is clear that embryonic tooth primordia cells can readily form immature teeth following dissociation into single cell populations and subsequent recombination, such cell sources are considered impractical to use in a general therapy.

Sharpe, an expert in craniofacial development and stem cell biology, said: "What is required is the identification of adult sources of human epithelial and mesenchymal cells that can be obtained in sufficient numbers to make biotooth formation a viable alternative to dental implants. ... Epithelial cells derived from

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► See NATURAL, page A4



ODA Annual Spring Meeting, Toronto, May 2-4

'Pathways to Excellence' is the theme of the Ontario Dental Association Annual Spring Meeting in Toronto, May 2-4. More than 10,000 dental professionals are expected, ready to take advantage of the more than 40 education sessions, opportunities to earn C.E. credits — and a trade show with more than 580 booths.

Photo/Provided by www.dreamstime.com

PRACTICE MATTERS A3-A4

- Enjoy new products; but be sure to keep revenue higher than expenses

MEETINGS A5-A6

- Review: Pacific Dental Conference
- JDIQ courses filling fast
- Winter Clinic: 2,572 attendees
- New technology pavilions at 2013 Greater New York Dental Meeting

INDUSTRY NEWS A8-A23

- Heaven Can Wait: Learn CPR, AED
- BEAUTIFIL Flow Plus now available in B1, B2 and C2
- 3Shape releases Dental System 2013
- The marketing landscape is changing; Demandforce can help
- Itsoclear clasp now in Canada
- Laser dentistry: solution for faster treatments, better outcomes
- Handpiece manufacturer aims for global leadership
- How to earn \$10 million in 10 years
- New imager has 3-in-1 functionality
- No-drill technique may reduce kids' dental fears
- Innovative visualization solutions

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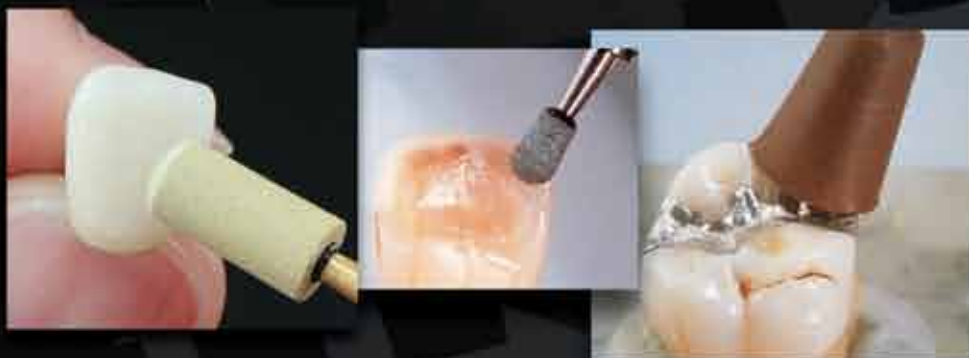
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It's only two crowns a month!

Be aware of how one more 'little check' fits into your total payments

By Louis Malcmacher, DDS, MAGD

"It's only two crowns a month!" If I hear these words again from any dental salesperson, I think I am going to get sick. We hear statements like this all of the time or something similar as to which investments we should make in our office in terms of technology, equipment, products or anything else anyone is trying to sell us. It often comes in the form of something like this: "Doc-

tor, this new piece of dental equipment will pay for itself — the lease payment is only the cost of two crowns per month and then after that it is all profit." Well, that doesn't sound like much — if I do 20 to 25 crowns per month and for only two crowns per month (in other words a lease payment of about \$2,000), I can have this piece of new technology in my office and it will certainly pay for itself.

► See CROWNS, page A4



LOUIS MALCMACHER, DDS, MAGD, is a practicing general dentist and an internationally known lecturer, author and clinician. He is the president of the American Academy of Facial Esthetics. Contact him at (800) 952-0521 or at drloUIS@FacialEsthetics.org. You can learn about Botox and dermal filler training and other resources by visiting his website at www.commonssensedentistry.com.

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◀ CROWNS, Page A3

It is this kind of thinking that has caused an underlying problem for many dental practices and one that you may not even know exists in your practice: What is your debt service? How much are you paying each month on leases or loans to finance new dental equipment, technology, office build-out, hardware/software systems and the like? Because you write a number of different checks every month, have you ever sat down to try to figure this out?

I first heard about this issue from my good friend, Sally McKenzie of McKenzie Management. Sally has been one of dentistry's premier dental consultants for many years, as she herself started her career as a dental office manager

in Columbus, Ohio. Sally says that one of the biggest problems she sees with many of her clients is that they have no idea how much they are paying out every month. I have confirmed this with a number of other dental consultants. Many dentists have fallen into this trap of, "It's only one or two crowns a month," or "After your first six restorations, the rest is profit," or, one of my personal favorites: "You will lose money if you don't buy this."

How do you solve this problem? First, get to know the facts. Sit down and really find out how much you are paying in lease and loan payments for everything in your office. Because you are probably writing checks to a number of different financial institutions, it may not seem like a lot to you, but you might be

'My rule for investing: Will it change the patients' experience in providing faster, easier and better dentistry?'

shocked when you total it all together. Please seriously consider consolidating your debt.

Sally McKenzie describes a situation with a client of hers in the Midwest for whom McKenzie Management was able to arrange an \$850 per month debt reduction by consolidating the client's payments into a single financial institution. If consolidating your debt can save you even \$100 per month, then it is worth doing. My rule for investing in anything, whether it is equipment,

technology, practice management systems or anything else in dentistry, is simply this: Will it change the patients' experience in providing faster, easier and better dentistry?

Clinically, it comes down to efficiency that will result in better patient treatment outcomes. For me, investments such as lasers (soft tissue Picasso Lite (AMD Lasers), injection comfort systems (DentalVibe), bulk fill composites (Gaenial, GC America), fast composite matrix systems (V3 Ring, Triodent), patient financing (Carecredit) and anything else that fits into this kind of category is worth the investment.

Don't relate any of these investments to how many restorations or crowns it will take to pay for what you bought, because that by itself has absolutely no limit. In other words, you will keep investing and investing into everything because it is only two crowns per month. At the end of the month, you will have done only 30 crowns while paying leases totaling 50 crowns per month. That is when your office begins to go under, and that can be nearly impossible to reverse.

Always think before you buy and carefully consider your options. Always fight to get the best deal possible and understand carefully whether what you are investing in will really make you more profitable and give you a great return on investment.

◀ NATURAL, Page A1

adult human gum tissue are capable of responding to tooth-inducing signals from embryonic tooth mesenchyme in an appropriate way to contribute to tooth crown and root formation and give rise to relevant differentiated cell types, following in vitro culture. These easily accessible epithelial cells are thus considered a realistic source for consideration in human biotooth formation.

The next major challenge is to identify a way to culture adult human mesenchymal cells to be tooth-inducing, as at the moment we can only make embryonic mesenchymal cells do this."

Sharpe's findings were published in the Journal of Dental Research. The team's efforts were funded by the National Institute for Health Research (NIHR) Biomedical Research Centre at Guy's and St. Thomas' National Health Service Foundation Trust and King's College London, United Kingdom.

The research report became available online in early March at jdr.sagepub.com. Categorized under "Research Reports — Biological," the article is titled, "Adult Human Gingival Epithelial Cells as a Source for Whole-tooth Bioengineering."

(Source: Dental Institute at King's College London)

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JDIQ courses filling fast

Journées dentaires internationales du Québec, May 24–28

Courses are filling fast for the Journées dentaires internationales du Québec, May 24–28, at the Palais des congrès de Montréal. As of late February, six courses were already sold out, meeting organizers reported.

The annual meeting of the Ordre des dentistes du Québec continues to be Canada's largest dental meeting and expects to host more than 12,000 delegates from around the world. With a scientific program with more than 100 lectures and workshops in English and French, JDIQ maintains its status as one of the world's most highly attended bilingual (English/French) conventions.

More than 225 exhibitors will span 500 booths in the exhibit hall, Monday and Tuesday, May 27 and 28. The exhibit hall will feature a continental breakfast from 8–8:30 a.m. on both days for the early risers — and a wine-and-cheese reception closing out both days.

Featured speakers include Drs. Dan Nathanson, Gerard Kugel, David Clark, Gérard Chiche, Mark Piper, George Freedman, Paresh Shah and Rhonda Savage.

For more information, call (800) 361-4887, or visit www.odq.qc.ca and email congres@odq.qc.ca.

(Source: JDIQ)



The Montréal skyline on a summer evening. Photo/Provided by MTOQ/Perry Mastrovito



Winter Clinic: 2,572 attendees

The 2012 Toronto Academy of Dentistry Winter Clinic offered more than 20 programmes, representing a wide spectrum of dental interests. The 12 hours of CORE-approved courses and packed exhibit hall attracted 2,572 attendees.

The Canadian Armed Forces presented a programme on nation building and a display of a mobile dental suite. Many lecture rooms were at capacity or overflowing. The academy

launched an initiative with the Mikey Network to place automatic external defibrillators (AEDs) in public places, earn recognition for the dental profession and give dental practices a chance to purchase a quality AED at significant savings. The Winter Clinic continues to attract dentists, hygienists, assistants and office administrators from not only the Toronto area but across Canada and the United States.

Congratulations to the winners of the photography contest. Dr. Juris Michelsons of Cambridge, Ontario, won the trip for two donated by Sandals.

Mark your calendar for Friday, Nov. 8, for the 76th Winter Clinic. Plans are already under way and include Dr. Raymond Bertolotti as a featured clinician.

(Source: Toronto Academy of Dentistry)

New technology pavilions featured at 2013 Greater New York Dental Meeting

Registration is now open for the 2013 Greater New York Dental Meeting (GNYDM). Organizers of the 89th annual meeting anticipate the largest attendance yet. New for the 2013 meeting will be a redesign of the exhibit floor — with the addition of new technology pavilions and a unique dental laboratory exhibition.

The exhibit floor and the diverse continuing education programs are the centerpiece of the expansive annual meeting. Attendees are able to walk the exhibit floor for free (no preregistration fee) and meet with more than 600 companies selling the newest products and advanced technologies.

The education program will include 300 full- and half-day seminars, essays and hands-on workshops. Among the specialty programs are topics including orthodontics, endodontics, cosmetic dentistry, pediatric dentistry and implant dentistry.

The GNYDM is introducing three new hands-on educational pavilions, including lasers, CAD/CAMs and cone-beam/

CT/X-rays. Each of these pavilions will house multiple companies providing information on the latest technologies that can be used in the dental office. Attendees will be able to instantly compare all the products in one location, while also becoming more familiar with the state-of-the-art technology by attending morning and afternoon educational programs presented at each pavilion.

The Greater New York Dental Meeting and Aegis Publishing, Inside Dental Technology, have announced a partnership in laboratory technology. Collaboration 2013 will provide a designated laboratory exhibit area on the GNYDM exhibit floor, specialized education, demonstrations, digital dentistry and technology that will engage technicians and dentists side-by-side in an integrated, hands-on experience.

The Greater New York Dental Meeting continues to offer a modern, high-tech, free “live dentistry” arena daily from Sunday through Wednesday. The interactive “live” program features top clinicians performing dental procedures on



Changes for the 2013 Greater New York Dental Meeting include a redesigned exhibit floor that includes new technology pavilions and a dental laboratory exhibition. Photo/Provided by GNYDM

actual patients on stage, in front of 600 attendees. It all takes place right on the exhibit floor. Attendees are encouraged to arrive early because seats fill quickly.

The GNYDM is the largest dental congress and exhibition in the United States, registering 53,481 attendees from all 50 states and 130 countries in 2012.

There is never a pre-registration fee at the GNYDM. Dental professionals are invited to be part of the 2013 meeting to

experience the energy of an event that draws top dental professionals from around the world. Attendees also get to see all that New York City has to offer during one of its most beautiful times of the year, Nov. 29 through Dec. 4, right at the beginning of the holiday season.

Free registration is now open for the 2013 meeting at www.gnydm.com.

(Source: Greater New York Dental Meeting)

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Protect your patients, protect your practice

Your investment in an AED and dental medical emergencies training can save lives

Are you prepared? In Ontario, anywhere from 1,406 to 3,265 dentists will experience an in-office medical emergency in any given year, according to the Canadian Dental Association.

It's not a question of "if" a life-threatening medical emergency will strike at your dental practice, it's a question of "when." Are you doing everything to

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ensure the safety of your patients, your staff and yourself?

Treating medical emergencies can be anxiety-provoking and overwhelming for any dentist because of the sheer breadth of different medical emergencies that can occur. Additionally, because life-threatening emergencies do not generally occur on a daily or even weekly

basis, it's not unusual for dental professionals facing emergency medical challenges to feel a lack of confidence in their assessment skills and up-to-date knowledge of treatment modalities.

But regardless of the challenges such emergencies present, it is vitally important to be ready to jump into action at a moment's notice when these situations arise.

Picture for a moment that you are

performing a routine procedure when all of a sudden you notice your patient's tongue has become profoundly swollen. The patient is gasping for air — suffocating right in front of you.

Or, in another scenario, your office manager yells out in a panic that a child has collapsed in your waiting room and nobody can tell if the child is breathing or not.

Are you prepared to handle these emergencies? Is your staff prepared to handle these emergencies? Seconds count, and in such situations it's critical to act immediately.

Help is available to help get you prepared

Heaven Can Wait, which is run by paramedics, provides training in cardiopulmonary resuscitation, automated external defibrillation and responses to other dental medical emergencies. It provides dental-specific certification programs geared toward the entire dental team.

In addition to providing an in-office certification program on CPR and defibrillation protocols and procedures, the company's paramedic instructors also focus on common and life-threatening medical emergencies in the dental office. They also review the storage, availability and use of the medications in the mandated emergency drug kit.

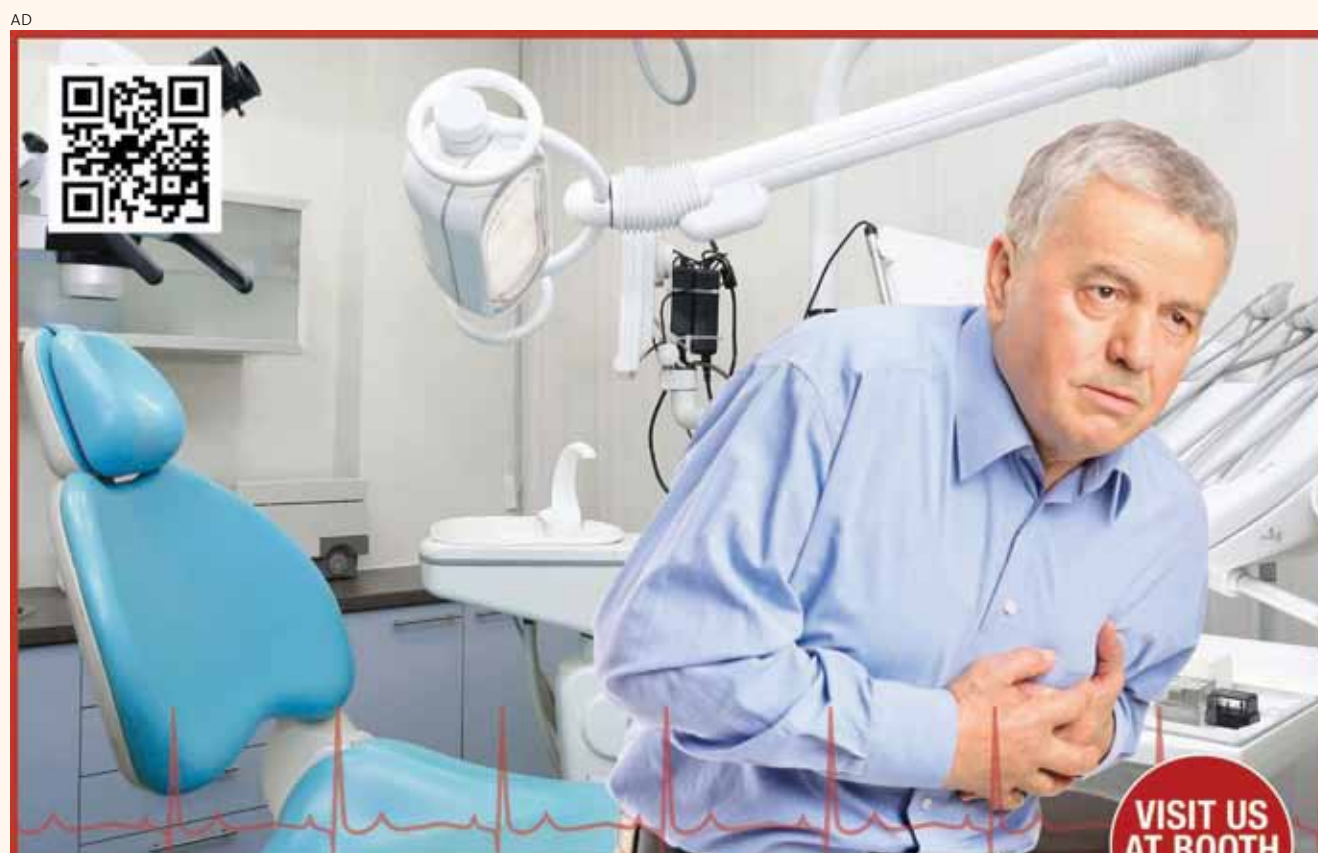
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Heaven Can Wait is recognized as the Toronto Academy of Dentistry's preferred provider for AEDs and CPR/AED/dental medical emergencies training. It is also a member of the Dental Industry Association of Canada (DIAC).

To sum up the value of its service, the company uses the phrase: "It's better to lose a minute of your life, than to lose a life in a minute." Your emergency response skills can mean the difference between life and death. Because of that, Heaven Can Wait is available to help you and your staff learn what you need to know so you're always prepared.

The company invites you to stop by its exhibitor booth (No. 946) at the Ontario Dental Association Annual Spring Meeting in Toronto.

(Source: Heaven Can Wait)



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