DENTAL TRIBUNE

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Everything for digital dentistry 
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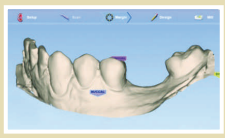
Restorative-driven implant therapy 
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GOOD NEWS FOR ALL & SUNDRY

PMDC & CPSP join hands to uplift medical education

DT Pakistan Report

KARACHI- It was after a long time that two major institutions of the country - Pakistan Medical and Dental Council (PMDC) and College of Physicians and Surgeons Pakistan (CPSP) – have got together for promoting and uplifting the medical education in the country.

The good news was broke to the media persons by

PMDC President Prof (Dr) Masood Hameed and CPSP President Prof (Dr) Zafarullah Chaudhry at a dinner hosted in honour of newly-elected Council of CPSP by Ziauddin University's Chancellor Dr Asim Hussain.

Terming doctor-patient ration in Pakistan `far below', Prof Masood Hameed, underscored the need for producing much more doctors for combating the challenging situation being faced by the country in the wake reduced number of postgraduate doctors/specialist who could become teachers at medical institutions, but the Ministry of NHSR&C has not yet lifted the moratorium imposed on opening new medical colleges.

Voicing his concern over the issue, Prof Zafarullah Chaudhry urged the universities to encourage doctors to undertake specialized courses to overcome the dearth of doctors in the country.

He was delighted to see that councils of both the PMDC and CPSP have got together after a long 'frustrated' gap to manage and to provide opportunities to the doctors for having postgraduate advanced studies in medicine, surgery and allied subjects.

Speaking on the occasion, Dr Asim Hussain, who is

Continued on page 11

PMDC terms Advertisement Fake

DT Pakistan Report

In a letter to deans, VC and Principals of Medical & Dental Colleges has categorically denied placing an advertisement regarding monthly stipend of house job.

In the letter the institutions have been directed to proceed as per section 22 of PM&DC admission regulations in MBBS/BDS courses and conditions for House Job/internship/foundation regulations 2013.

It is pertinent to mention that PMDC had asked the public and private institutions to ensure paid house jobs to their graduates but did not fix any amount and left it to the colleges to decide.

The advertisement which has now been termed as fake created a stir for the institutions as it mentions Rs 30,000 as the minimum wage for house job. In most of the colleges the house job pay or honorarium varies between Rs 6000 to 12000/ as event the demonstrator gets 15 to 20000 per month.

'VISION-2015'

PPMA vows to increase medicines' export up to $5bn

DT Pakistan Report

KARACHI- Pakistan Pharmaceutical Manufacturers' Association (PPMA) has demanded of the government to set up a task force under chairmanship of Prime Minister Mian Nawaz Sharif to increase annual exports of medicines from existing US $200 million to $05 billion in the next decade under its "Vision-2025".

Under the same vision, the PPMA plans to establish at least 10 FDA (US Food and Drug Administration)-accredited medicines' manufacturing units in Pakistan for exporting medicines.

It was announced at a seminar titled "Pharmaceutical export, the next frontier" held at a local hotel under aegis of PPMA. Representatives of the pharmaceutical industry, chief executives of TDAP (Trade Development Authority of Pakistan) and DRAP (Drug Regulatory Authority of Pakistan), Secretary Ministry of National Health Services, Regulations & Coordination and other stakeholders attended.

The participants of seminar were informed that the PPMA under the same regime is willing to launch one-window operations in Karachi, Lahore, and Islamabad where officials of TDAP, DRAP and other concerned departments would sit under one roof to issue all necessary documents required for export of medicines.

The PPMA also demanded that period of one year required for getting registrations for medicines' exports should also be curtailed to facilitate the country's pharmaceutical firms.

Participants of the seminar were informed that India, at present, had an international medicines' export market of $15bn with medicines from the neighbouring country going to all developed countries having stringently regulated pharmaceutical sector and they include Japan, the USA, the UK, Australia and European countries. On the contrary, Pakistan's medicines, due to lack of mandatory international certifications, could export medicines to only under-developed countries having semi-regulated pharmaceutical markets mainly in CARs (Central Asian countries), African, Far Eastern and South American regions. It urged the government to prepare a feasible export regime for Pakistani Pharma industry on the pattern of India where pharmaceutical development fund was established under the export council for providing loans to drug manufacturing units for 10 years on highly subsidized rates.

PPMA Chairman Saeed Allahwalah made a presentation on a comparative study of situation and statistics of medicines' exports in Pakistan and India.

Dr Kaiser Waheed said that Pakistan's own pharmaceutical industry had been meeting up to 65 per cent requirement of local medicines' market whereas the industry had vast potential of exporting medicines provided government extended full support to the industry.

He said Pakistan produces medicines at a cheaper

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Everything for digital dentistry

DT International Report

COLOGNE, Germany: In 2013 the Henry Schein launched an umbrella brand, ConnectDental, bringing together the range of digital products and services needed to connect dental practices and laboratories while integrating open CAD/CAM systems and materials.Tuesday's IDS press conference confirmed once more that this is the only way to establish a future-proof practice and laboratory structure. It also provided an overview of present market developments, including a strategic outlook on current and future trends in dentistry. According to Stanley M. Bergman, Chairman of the Board and CEO, Henry Schein, the truly relevant question to ask in this context is, why not? After all, this is what was in the minds of Esther and Henry Schein when they founded their company to occupy a key position between the current health market and the idealised vision they sought to create. Now, the time has come for practices and laboratories to demonstrate similar courage and to view digitisation as a real opportunity.

In this context, Henry Schein offers two concepts for complete digitisation of practice workflows: ConnectDental and CEREC+. Both concepts are entirely structured to deliver efficiency and profitability, and are therefore trendsetting tools in the hands of practices and laboratories. The ConnectDental workflow brings together the various digital system components to produce an open solution, covering 3-D diagnosis, digital impressions, implant planning and model production using 3-D printers, while also incorporating design and manufacture for restorative surgery using grinding and milling machines.

Andreas Meldau, President, European Dental

Group, Henry Schein, and Managing Director, Henry Schein Dental Deutschland, emphasised the absolute prioritisation of continuous development for the efficient treatment of patients. "360°—digitale Zahntechnik gestalten [shaping digital dental technology]"—this theme describes a first-of-a-kind event scheduled for June that is intended to offer laboratory owners and management, as well as their customers, a 360-degree view of the systems, components and materials that are part of the digital workflow. The event will place particular importance on providing a variety of perspectives: digital solutions according to practices, the dental laboratory perspective and the academic viewpoint. The two-day event presented by Henry Schein will feature speakers from the world of science, practices, laboratories and industry, who will share information on the opportunities and limits of digital manufacturing technologies. Attendees of the IDS can visit Henry Schein in Hall 10.2 Booth M048/M049. They are also invited to pencil in the 360° congress scheduled for June.

Henry Schein, one of the world's leading providers of products and services for doctors, dentists and veterinarians is at the vanguard of progress in the establishment of new concepts in the health care sector.

Look at the bigger picture

By Eniko Simon

Analyse data to understand the performance of your dental business. There are many important decisions we have to make when managing a dental clinic- we make these decisions on gut instinct or based on previous experiences or by analysing data that is available for us.

Most of the dental clinics I have been working with had some understanding of the power that data can add to their business. It is essential that you regularly track a wide range of data across your clinic to allow you to have a good understanding of your business. Now days there are fantastic dental software such as Software of Excellence or R4 very well known on the market. These dental software can assist dental businesses to analyse important key performance indicators gain a better understanding of their business.

Some data that you need to look at – who are your patients, how did they hear about your clinic, nationality, age group, your chair occupancy in your clinic, the hourly turnover your associates generating, how many new patients you have monthly and many more KPI's we can look at.

Undeniably collecting clean and reliable data and analysing it in a consistent way is part of 21st century management.

Data is the fundamental ingredient in decision making, figuring out where to focus your resources, create your targeted marketing approach.

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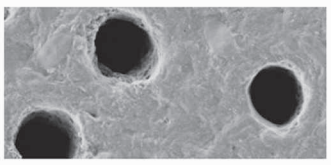
Colgate

Sensitive Pro-Relief™

Finally, instant* sensitivity relief patients can take home.

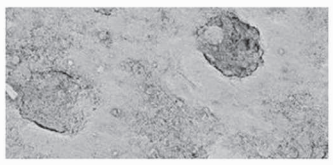
A breakthrough: Pro-Argin™ Technology

BEFORE[1]



In Vitro SEM photograph of untreated dentin surface.

AFTER[1]

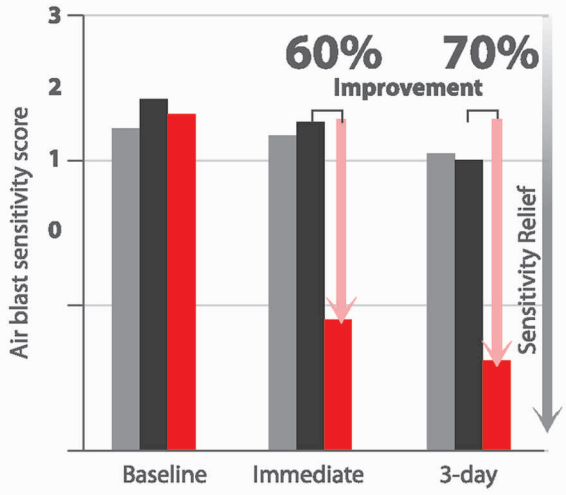


In Vitro SEM photograph of dentin surface after application.

Pro-Argin™ Technology works through a natural process of dentin tubule occlusion that attracts arginine and calcium carbonate to the dentin surface to form a protective seal that provides instant relief.[2]

The results are revolutionary

Instant relief achieved with direct application of toothpaste when massaged on sensitive tooth for one minute and continued relief with subsequent twice-daily brushing[3]



When applied directly to the sensitive tooth with a fingertip and gently massaged for 1 minute, Colgate Sensitive Pro-Relief™ Toothpaste provides instant sensitivity relief compared to the positive and negative controls.

- Colgate Sensitive Pro-Relief™ Toothpaste
- Negative control: Fluoride Toothpaste
- Positive control: Toothpaste with 2% potassium ion

* For Instant relief, massage a small quantity directly on the sensitive tooth for one minute. For lasting relief, brush twice a day regularly.

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Colgate | YOUR PARTNER IN ORAL HEALTH

www.colgatesensitive.com.pk

Restorative-driven implant therapy

was written by:

Dr. Curtis Jansen

By Dr Curtis Jansen, USA

Digital dentistry has changed the way I practice— for the better. I'm a prosthodontist practicing out of Monterey, Calif. I've got a progressive and successful practice, with a great team assisting me in providing patients with excellence in dentistry every step of the way. I've had the E4D Dentist and NEVO systems (now Planmeca PlanScan) for more than three years now, and they have provided my patients with a unique dental experience every time I've used them—digital impressions, restorations in one appointment and quicker turnarounds with larger cases. All without compromise in form, fit, function or esthetics.

I've involved my whole team, from Irma, my chairside assistant who has become a CAD/CAM dental designer (CDD) and a clinical integration specialist (CIS), to Frank, a dental technician with more than 30 years bench experience who is now "gaga" over what he can do with a mouse rather than a hot waxing instrument. I do it all—inlays, onlays, crowns and veneers from single tooth to extensive cases.

Take my word for it—if you haven't looked at this type of system in the last couple of years, you haven't looked at all. And don't believe what you've heard or seen before. This technology works. But now it's gotten even better and in a way that is more passionate to my interests in dentistry—implants. More specifically, it provides all dental professionals a more predictable way to communicate with patients, specialists and laboratories. It's a way to get exactly what you've planned for—restorative-driven implant therapy—with Planmeca PlanScan and Romexis.

In the implant world, we've always talked a good game and have extensive preoperative plans with the laboratory, the surgeon and the patient. We mock up diagnostic plans, get surgical stents and then hope for the best as we send our patient along the implant placement trail.

But, and we've all had it happen, something goes awry. The surgical stent doesn't make it into the placement procedure or the surgeon puts the implant "where the bone is" and not necessarily where the restoration needs to be. Then what?

These surprise events in the continuum of implant therapy can set the final treatment plan back and dramatically increase the cost of treatment for the patient and the restorative dentist, let alone throw us all into a state of recovery and embarrassment.

Revolutionizing restorative/ implant planning

Digital dentistry is coming to the rescue. With Planmeca Romexis, you're able to combine cone beam data for the 3-D "internal" view of the patient along with intraoral data from the Planmeca intraoral (PlanScan) scans.

Only the Planmeca Romexis combines the data chairside from multiple sources and provides the clinician an intuitive planning process. Planmeca Romexis is an open platform that works with Planmeca and any other dental cone beam manufacturer, such as Imaging Sciences International, Gendex, Instrumentarium Dental and SOREDEX, for a complete solution.

So there is no need to worry about whether you have a certain system.

Although other manufacturers have used a closed loop to simply export a static file into implant planning software, only Planmeca Romexis brings them all together to revolutionize the entire restorative/implant planning.

I don't want to learn new surgical software—I've already invested time and effort learning my restorative software. Wouldn't it be great if I could have all the data on my restorative system—and be able to play, adjust and design both the restoration and the implant placement all on the same screen? Well, that's what we can do with Planmeca Romexis—anything we want—at any stage of the game or plan. I can now draw a nerve the same way (using similar tools) as I draw a margin on a preparation. The interface is made for dentistry…for restorative dentistry.

Flexibility is the key

Being flexible is important. I know the implant is not always going to be able to be placed exactly where I want it to be. Factors including bone density, dimensions and nerve location all can dictate the final placement. But wouldn't it be nice to know beforehand as you are designing the restoration?

With Planmeca Romexis, I can be flexible because my restoration design and implant placement are both on the same screen, so I can adjust both parameters (restoration and implant) rather than try to heroically save a situation with angled abutments, extensions and other compromises only on the restorative end.

Optimize, don't compromise

I've been lucky enough to be involved and see the development of this exciting software program. It makes everyone's "wish list" come true. I can draw the nerve(s), view the data from any angle, design the restoration that is right for the edentulous area and then choose one of a myriad of implants to place into the space using just a click and drag of a mouse. Nothing is this easy in dentistry. Then I can line up the implant with the ideal restorative placement and check the density of the bone and even the angulation of a proposed abutment. Incredible!

This flexibility also allows for efficient and effective communication between the surgeon, the restorative dentist and the laboratory, if needed.

So what's your next step?

First, if you are a restorative dentist, get Planmeca PlanScan system with Romexis into your office. There is no powder, it's easy to use, and it makes any office more profitable by being able to complete same-day dentistry and fabricate nearly all your single-unit restorations.

Get going with that system and start scoping out the myriad of excellent cone beam systems listed above or locate a scanning center using one of those brands. Why be tied into just one option? And, more importantly, why be tied into a closed system of the same manufacturer's CAD/CAM system and cone beam system?

Be able to choose the best of both worlds and what is right for you.

Putting the plan into motion

The more you grasp technology and use its capabilities to guide you to the ideal, the more efficient and effective you will become. So here is your future dialogue with patients missing a tooth who come to see you for restorative therapy. (Note: Patients don't come to you with the request for "an implant;" they come to you to fill a missing space. It is up to you to offer the ideal restorative plan to fill that space first, then decide how you are going to put the restorative plan in place [bridge, implant; orthodontia]. So let's do that. Design the ideal restoration, then plan the mechanism to hold it in.)

"OK, Mrs. Smith, it is very important for you to replace that missing tooth with a 'tooth' that will maintain the health of your mouth and will provide you function for chewing. We have several options to complete that goal, but let's first scan the area with an advanced 3-D laser scanner so we can plan accordingly."

Take the Planmeca PlanScan and capture a true 3-D image of the area—all soft and hard tissue. (Note: No powder or contrast agent is placed. Think about it. This patient has just had the tooth extracted, and there is still an open or healing wound. The last thing you want to do is spray titanium oxide under

Continued on page 11

new

SENSODYNE®

COMPLETE PROTECTION
POWERED BY **NOVAMIN**

Sensodyne® understands that dentine hypersensitivity patients have differing needs

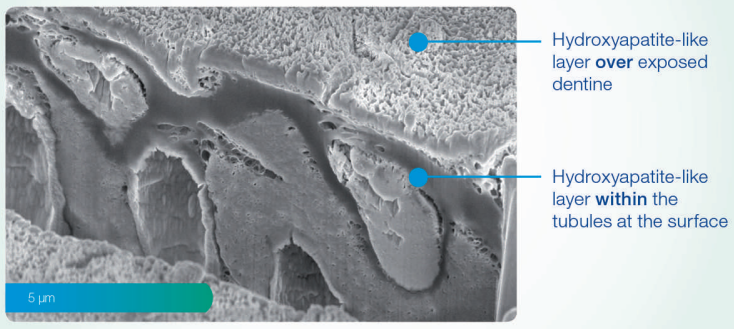
Sensodyne® Complete Protection, powered by NovaMin®, offers all-round care with specially designed benefits to meet your patients' different needs and preferences. With twice-daily brushing, Sensodyne® Complete Protection:

- Is clinically proven to provide dentine hypersensitivity relief[1-3]
- Contains fluoride to strengthen enamel
- Helps to maintain good gingival health[4-6]

Sensodyne® Complete Protection, powered by NovaMin® – an advanced approach to dentine hypersensitivity relief

- NovaMin®, a calcium and phosphate delivery technology, initiates a cascade of events on contact with saliva[7-12] which leads to formation of a hydroxyapatite-like restorative layer over exposed dentine and within dentine tubules.[7, 9-13]
- **In vitro** studies have shown that the hydroxyapatite-like layer starts building from the first use[7,9] and is up to 50% harder than dentine.[9,14]
- The hydroxyapatite-like layer binds firmly to collagen within exposed dentine[10,15] and has shown in **in vitro** studies to be resistant to daily physical and chemical oral challenges,[9,14-17] such as toothbrush abrasion[16] and acidic food and drink.[14-17]

In vitro studies show that a hydroxyapatite-like layer forms over exposed dentine and within the dentine tubules:[7,9,10,12,13]



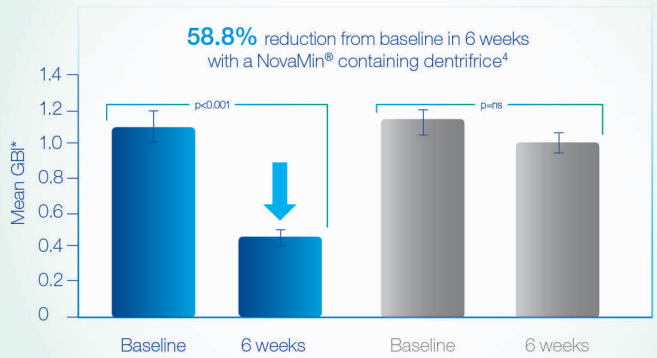
Adapted from Earl et al, 2011 (A).[13] In vitro cross-section SEM image of hydroxyapatite-like layer formed by supersaturated NovaMin® solution in artificial saliva after 5 days (no brushing)[13]

Sensodyne® Complete Protection helps to maintain good gingival health[4-6]

Good brushing technnique can be enhanced with the use of a specially designed dentifrice to help maintain good gingival health.[18,19]

In clinical studies, NovaMin® containing dentifrices have shown up to 16.4% improvement in plaque control as well as significant reduction in gingival bleeding index, compared to control toothpastes.[4-6]

Significant reduction in gingival bleeding index (GBI) over 6 weeks with a NovaMin® containing dentifrice[4]



Adapted from Tai et al, 2006.[4] Randomised, double-blind, controlled clinical study of 95 volunteers given NovaMin® containing dentifrice or placebo control (non-aqueous dentifrice containing no NovaMin®) for 6 weeks. All subjects received supragingival prophylaxis and polishing and were instructed in brushing technique.[4] *GBI scale ranges from 0–3.

All-round care for dentine hypersensitivity patients[1-6]

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Interview: "We are still pretty much in shock"

By DT Asia Pacific

In one of the worst earthquakes in over 80 years, more than 10,000 people are believed to have died last week in the Federal Democratic Republic of Nepal. Living in and practising dentistry in the capital of Kathmandu, dentist Dr Sushil Koirala has been directly affected by the disaster. Dental Tribune Asia Pacific had the opportunity to talk to him briefly about the situation in the country and how the international community can help it to overcome the humanitarian crisis.

Dental Tribune Asia Pacific: The earthquake on 25 April had a devastating effect on your country's infrastructure and its people. What is the situation currently in Kathmandu, and how have you been affected personally?

Dr Sushil Koirala: The situation in Kathmandu at present remains very difficult owing to the extensive damage to many public buildings, government offices and schools. Nearly 7,500 lives have been lost and 14,500 people have been injured. Those who survived the earthquake are traumatised.

While physically my family and I are fine, we are still pretty much in shock. My children are very distressed because they were alone at home during the first episode of the earthquake. Some of my staff from the hospitals and clinics lost their houses unfortunately and have to stay with relatives for the moment.

Have you heard from colleagues in other parts of the country, and if so what is their situation?

Most of my dental colleagues are unharmed, but many of them are facing problems with their damaged clinics. Most of the dental hospitals in Kathmandu are still closed owing to the damage and employees not being able to work because they are busy rebuilding their lives. Various agencies have estimated that more than eight million people across 39 of the country's 75 districts have been affected by the earthquake. The most severely affected areas include the Bhaktapur, Dhading, Dolakha, Kathmandu, Kavre, Lalitpur, Nuwakot, Ramechhap, Rasuwa, and Sindhupalchowk districts of Nepal's Central Region, as well as the Gorkha District of its Western Region.

Have you received any correspondence from the dental community?

I am glad to have received many e-mails with best wishes and prayers from our dental friends around the world. It is so gratifying to know that many of them have pledged their support of the earthquake victims of Nepal. Some dental manufacturers have shown keen interest to help us in the rehabilitation of children who have been affected.

Despite an immediate response from India and Western countries, relief efforts seem to be insufficient, according to reports. What is your impression?

International communities have offered immediate support and we really

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Infection control in an era of emerging infectious diseases

By Eve Cuny, USA

More than three decades have passed since the emergence of human immunodeficiency virus (HIV) as a global pandemic. More than any other infection, it is possible to single out HIV as the primary stimulus for changing infection control practices in dentistry. Prior to the mid-1980s, it was uncommon for dentists and allied professionals to wear gloves during routine dental procedures. Many dental clinics did not use heat sterilization, and disinfection of surfaces was limited to a cursory wipe with an alcohol-soaked gauze sponge. This was despite our knowledge that hepatitis B virus (HBV) had been spread in clusters in the offices and clinics of infected dentists and that dentists were clearly at occupational risk for acquiring HBV.

Plenty of reasons to remain vigilant

Today, many take safe dental care for granted, but there is still reason to remain vigilant in ensuring an infection-free environment for providers and patients. HIV has fortunately proven to be easily controlled in a clinical environment using the same precautions as those effective for preventing the transmission of HBV and hepatitis C virus.[1] These standard precautions include the use of personal protective attire, such as gloves, surgical masks, gowns and protective eyewear, in combination with surface cleaning and disinfection, instrument sterilisation, hand hygiene, immunizations and other basic infection control precautions. Sporadic reports of transmission of blood-borne diseases associated with dental care continue, but are most often linked to breaches in the practice of standard precautions.[2]

Once-rare viruses now in headlines

Emerging and re-emerging infectious diseases present a real challenge to all health care providers. Three of the more than 50 emerging and re-emerging infectious diseases identified by the Centers for Disease Control and Prevention and the World Health Organization (WHO) include Ebola virus disease (EVD), pandemic influenza and severe acute respiratory syndrome.[3,4] These previously rare or unidentified infectious diseases burst into the headlines in the past several years when they exhibited novel or uncharacteristic transmission patterns. Concern about emerging infectious diseases arises for several reasons. When faced with a particularly deadly infectious disease such as EVD, which can be spread through contact with an ill patient's body fluids, health care workers are naturally concerned about how to protect themselves if an ill patient presents to the dental clinic. With diseases such as pandemic influenza and severe acute respiratory syndrome, which may be spread via inhalation of aerosolised respiratory fluids when a patient coughs or sneezes, the concern is whether standard precautions will be adequate.

In addition to standard precautions, treating patients with these diseases requires the use of transmission-based precautions. These encompass what are referred to as contact, droplet and airborne precautions for diseases with those specific routes of transmission.

Transmission-based precautions may include patient isolation, placing a surgical mask on the patient when he or she is around other people, additional protective attire for care providers, and in some cases, the use of respirators and negative air pressure in a treatment room. In most cases, patients who are contagious for infections requiring droplet or airborne precautions should not be treated in a traditional dental clinic setting.

Treatment delay can be best policy

Updating a patient's medical history at each visit will assist dental health professionals in identifying patients who are symptomatic for infectious diseases. Patients with respiratory symptoms, including productive cough and fever, should have their dental treatment delayed until they are no longer symptomatic. Additionally, health care professionals who are symptomatic should refrain from coming to work until they have been free of fever without taking fever-reducing medication for 24 hours.

In most cases, a patient with symptoms as severe as those experienced with EVD will not present for dental care and therefore extraordinary screening and protection protocols are not recommended. If a patient is suspected of having a highly contagious disease, he or she should be referred to a physician, hospital or public health clinic.

Protect yourself and patients with vaccinations, proper hand hygiene

Dental professionals should take action to remain healthy by being vaccinated according to accepted public health guidelines, understanding that the recommendations may differ according to country of residence. Performing hand hygiene procedures at the beginning of the day, before placing and after removing gloves, changing gloves for each patient, wearing a clean mask and gown or laboratory coat, and wearing protective eyewear are all positive actions

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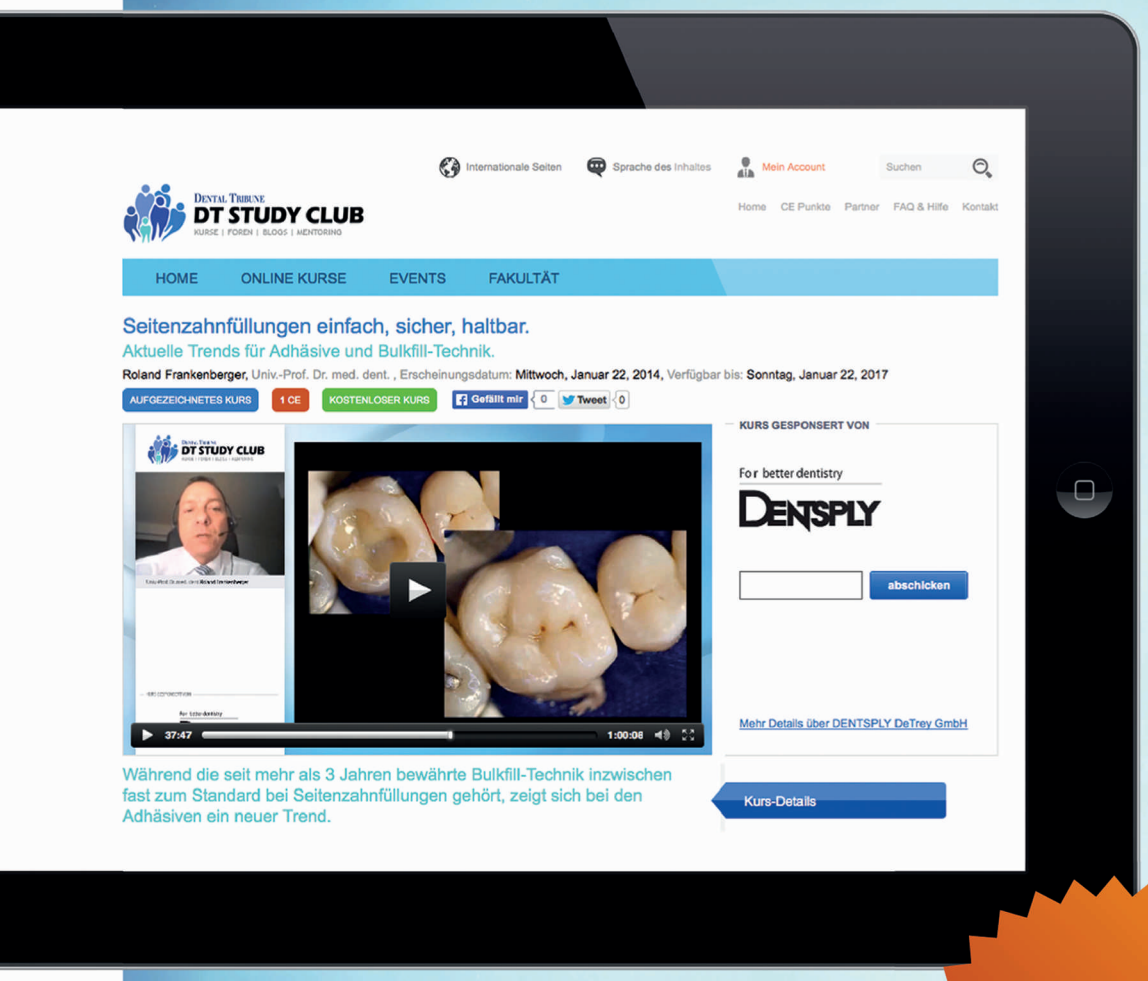

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