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The man behind the microscope

Dr. Assad Mora shares his thoughts on using 3-D vision to make treatment easier and improve patient care

By Fred Michmershuizen, Managing Editor Endo Tribune

As inventor of the MORA Interface and the MoraVision® 3D system, Assad F. Mora, DDS, MSD, FACP, pioneered a new era in visualization technology by introducing the use of stereoscopic 3-D video technology for viewing the operating field in real time for performing clinical dental procedures. Mora is a graduate of Damascus University who came to the United States in the early 1970s to study prosthodontics. Today, he maintains a private practice in Santa Barbara, Calif., with his wife, Kathy Patmore, an endodontist. He discussed with Dental Tribune how he became involved with microscope enhanced dentistry, the thinking behind the MoraVision 3D system, and what he sees for the future of microdentistry.

Assad F. Mora

Please describe the MoraVision 3D system.

It is a digital stereoscopic microscope system that delivers to the viewer an accurate, three-dimensional depth perception in real time. It also delivers two different perspectives of the same operating field, one for the doctor and another for the assistant. The MoraVision 3D system is unique in that the assistant vision is provided as a standard configuration with the system, not an option.

What comprises the system itself?

The MoraVision System has two main components: the MoraScope™ and the MoraVu 3D™. The MoraScope is made of two self-contained digital stereoscopic microscopes in one housing. It combines the powers of two zoom stereo microscopes and their high definition [HD] video cameras into one compact 5-inch cube to provide magnification levels from 0.5x to 30x. The MoraVu 3D is a real time stereoscopic display module based on two HD LCD monitors and a beam splitter.

How can MoraVision 3D help specialists and GPs provide better patient care?

The benefits of the MoraVision 3D system extend to all phases of dentistry, for specialist and GPs alike. In addition to improving the quality of dental care for the patient, it can save the back and the neck of the dentist and the assistant. It improves the quality of dental care by virtue of providing an unobstructed mag-

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Inside this week

Dentists often first to spot eating disorders in patients

National Eating Disorders Awareness Week runs Feb. 22–28 and is sponsored by the National Eating Disorders Association to raise awareness of the dangers surrounding eating disorders and the need for early intervention and treatment. Because Delta Dental Plans Association recognizes eating disorders as a serious health care concern, it also wants to increase awareness of the potential oral health problems that can be caused by eating disorders.

An eating disorder is a complex compulsion to eat in a way that disturbs physical, mental and psychological health. The three most common eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder. The eating may be excessive (compulsive overeating); restrictive; or may include normal eating punctuated with episodes of purging[1] (such as self-induced vomiting, use of laxatives, fasting, diuretics or diet pills[2]). The eating may include cycles of binging and purging, or it may encompass the ingesting of non-foods[1] (such as dirt, clay or chalk).[3] Each of these disorders robs the body of adequate minerals, vitamins, proteins and other nutrients needed for good health and may cause injury to teeth, muscles and major organs.[2]

"Eating disorders have serious implications for oral health and overall health," says Max Anderson, DDS, a national oral health advisor for Delta Dental Plans Association. "Stomach acids can damage teeth with repeated exposures during purging for those individuals with bulimia nervosa. For those individuals with anorexia nervosa, which is characterized by self-induced star-

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Looking ahead through a rearview mirror

By Editor in Chief David L. Hoexter, DMD, BA, FACD, FICD

From left: Dr. Robert Edwab, executive director of GNYDM; Dr. Roberto Vianna, president of FDI; David Alexander, executive director of FDI; and Dr. David L Hoexter, editor in chief of Dental Tribune.

This year looks to be one of decision and direction. I think we can all agree that 2008 was a year of highs and lows, wrong decisions and indecision. It was a year that really tested our trust. Sometimes we were floating on clouds and sometimes the clouds couldn't sustain our weight and we spiraled downward. Queen Elizabeth, the pinnacle of proper English, put it best when she called 1992 "annus horribilis," or "horrible year," which can also be applied to 2008.

Hopefully, the new administration will bring necessary change. As a country, we became greedy and obsessed with material possessions. We were deceived and defrauded by banks, mortgage companies, Wall Street and government leaders. Even Congress revoked protections that had previously been in place to protect the unwary consumer. Unfortunately, the subprime mortgage fallout affected the entire world. Trust was lost. Whose fault was it, the greed of the seller or the lust of the buyer? Wall Street's "three card Monty" left a void. Business slowed and thousands of jobs were lost. Bank mismanagement left society without future security. What about their oral health care?

The economic difficulties of 2008 were joined with hatred, uncertainty, killings and violence. In Mumbai (Bombay), India, innocent persons were slaughtered. For what reason and toward what cause did this happen? The world's unseen enemy thrives on emotional unrest and public apathy. We are now recognizing that we must become more involved and aware. Tim Russert would have alerted and guided us consciously on TV, but alas, he passed away.

What should we do? As dentists, we must step up and do our part to heal the nation. With a strong voice we must help to rebuild the foundation of trust that has been violated by the events of 2008. We must regroup, become stronger and be more protective of our profession and our patients. Our government should work along side of us, giving incentives to those who help heal the community.

Myriad scientific studies have shown gum disease to be a forbearer of dire consequences to the body. As a profession, it is up to us to make sure that our patients maintain good oral health, and as a profession we have the right to be reimbursed for this service by insurance companies. How else can we detect problems and protect our patients? Gone are the days when dentistry was thought of as a nonessential service, not reimbursable. We must return to the basics of good oral health and we must be compensated.

At the same time, we must all do our part to help those less fortunate. Trudy Heller in her book, "A Daughter's Love," points out that lower social income groups tend to eat less nutritious, cheaper foods. This leads to increased caries, poorer oral awareness and an inability to function orally. To ameliorate this situation, Heller started a free children's dental clinic for all children in Jerusalem, Israel.

In the United States, we have record pre-term, low birth weight for babies born in this country, and it is due to periodontal disease. It is essential for healthy future generations that women of child-bearing age be made aware of this and treated for periodontal disease.

We are now in 2009. The past is the past. Hope is the future and it is eternal. We must campaign to help the public become aware of the nutritional foods that are necessary for good oral health. We must help the young to acquire good oral hygiene. We can volunteer as dentists to participate throughout the year in elementary schools and educate today's youth on how to prevent caries and other oral problems. We should reward those who do benevolent deeds and we should plan together how to proceed.

Most importantly, we must learn to forgive, learn to listen and avoid repeating obvious errors.

Plenty of you are already doing your part and plenty of you have great ideas for the future. I would like to hear from you. Please e-mail me at Drdhoexter@gmail.com and let me know your thoughts, and tell me about who is doing what to help. Learn from the annus horribilis year of 2008 … and don't forget to brush!

From Wall Street to Main Street and everywhere in between, stay up-to-date with the latest news.

About the author

Dr. David L. Hoexter (BA, DMD, FACD, FADFE, FICD) is director of the International Academy for Dental Facial Esthetics, an organization that combines physicians and dentists with other related fields in research and relates its finding to clinical practice. He is also clinical professor in periodontics at Temple University, Philadelphia.

He was previously clinical professor in periodontics at the University of Pittsburgh. He received his degree from Tufts University, where he was an adjunct professor in periodontics. He is a Diplomate of Implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a Diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. He can be reached at (212) 355-0004 or drdavidlh@aol.com.

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BPA WORLDWIDE

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EATING DISORDERS

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vation, poor nutrition can affect oral health by increasing the risk for periodontal diseases."[1]

As many as 35 million men, women and children suffer from eating disorders in the United States. Dentists are becoming the first line of defense when it comes to spotting eating disorders in patients, according to the Academy of General Dentistry. For example, although parents may not recognize that their child is anorexic or bulimic, they are often still taking the child to a dentist on a regular schedule and the dentist may spot the oral signs of the disease.[4]

Bad breath, sensitive teeth and eroded tooth enamel are just a few of the signs that dentists use to determine whether a patient suffers from an eating disorder. Other signs include teeth that are worn and appear almost translucent, mouth sores, dry mouth, cracked lips, bleeding gums, and tender mouth, throat and salivary glands.[4]

According to the National Eating Disorders Association, studies have found up to 89 percent of bulimic patients have signs of tooth erosion due to the effects of stomach acid.[5] Over time, this loss of tooth enamel can be considerable, and the teeth change color, shape and length.

"Delta Dental Plans Association supports providing appropriate referral for those individuals with signs and symptoms of eating disorders and encourages those with eating disorders, or those who are caring for individuals with eating disorders, to seek care from a dental professional to manage the dental consequences of these disorders,"[1] Anderson says.

The not-for-profit Delta Dental Plans Association (*www.deltadental.com*) based in Oak Brook, Ill., is the leading national network of independent dental service corporations specializing in providing dental benefits programs to 51 million Americans in more than 93,000 employee groups throughout the country.

(Source: Delta Dental)

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International

Experts quarrel over mouthwash

Study in Australian dental journal pushes oral cancer debate

Daniel Zimmermann, Managing Editor
Dental Tribune International

LEIPZIG, Germany: New evidence from Australia suggests that the long-term use of mouthwash containing alcohol can lead to an increased risk of developing oral cancer. The information, which was released after a scientific review was published in the Australian Dental Journal, reports on evidence that ethanol allows carcinogenic substances, such as nicotine, to permeate the lining of the mouth.

Top-selling mouthwashes contain as much as 26 percent alcohol, which is used to kill the bacteria responsible for tooth decay. It is also necessary as a solvent for different flavor oils.

Michael McCullough, associate professor of Oral Medicine at the University of Melbourne in Australia, who led the study said, "We see people with oral cancer who have no other risk factors than the use of mouthwash containing alcohol, so what we've done is review all the evidence. Since the article, further evidence has come out, too."

"We believe there should be warnings. If it was a facial cream that had the effect of reducing acne but had a four- to five-fold increased risk of skin cancer, no-one would be recommending it," he added.

The Australian government said

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Disagreement over mouthwash and its outcome

By Bernhard Stewart, Australia

Recent media controversy in Australia over the risk of oral cancer associated with the use of alcohol-containing mouthwashes can be seen as one aspect of a pervasive public health issue. Once an agent has been unequivocally established as carcinogenic to humans, exposure to that agent in any context is likely to be hazardous and, therefore, to be prevented.

Consideration of this principle in relation to alcohol-containing mouthwashes clearly illustrates one aspect of the dilemma. Specifically, in determining public health policy, how much weight should be accorded to the general findings concerning the agent in question in comparison with those findings that relate specifically to the context under consideration?

Causation of cancer from drinking alcoholic beverages is established to the point of certainty. The anatomical sites principally involved are the oral cavity and oesophagus, and risk is increased multiplicatively in smokers. However, the evidence in relation to the risk of oral cancer associated with mouthwash use is equivocal to the point that sharply differing conclusions may be drawn.

Writing in the Australian Dental Journal, McCullough and Farah, arguing from the perspective of alcohol as an established carcinogen, state: "There is now sufficient evidence to accept the proposition that developing oral cancer is increased or contributed to by the use of alcohol-containing mouthwashes."

This differs from the conclusion by La Vecchia in Oral Oncology: "a link between mouthwash use, specifically alcohol-containing mouthwash, and oral cancer is not supported by epidemiological evidence." La Vecchia delineates uncertainties regarding mouthwash studies generally, specifically in relation to the lack of clear evidence regarding an anticipated increased risk attributable to alcohol per se.

General agreement that a carcinogenic hazard associated with the use of alcohol-containing mouthwashes is plausible suggests that cautionary advice should be given to those making long-term use of these products. However, present uncertainty would not justify warning labels or restricted sales of mouthwashes, especially with reference to current public health standards concerning availability of alcoholic beverages.

Bernhard Stewart

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although the study was "very interesting," it lacked definite proof that these products would increase the risk of cancer. Ministry of Health Dental Officer Robin Whyman, recommended people speak to their dentists when using mouthwash long term.

Speaking to Dental Tribune, a spokesperson for Johnson & Johnson rejected the claims: "Leading cancer scientists, as well as the U.S. Food and Drug Administration and researchers in dentistry, have found no evidence that alcohol-containing mouthwashes, if used properly, lead to increased risk of developing oral cancer." The company, which is behind the Listerine brand, holds 25 percent of the global mouthwash market and claims to have conducted more than 100 scientific evaluations of its top-selling brand.

MICROSCOPE

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nified view of the operating field, which raises the bar on improving early detection of dental disease and oral pathology, and increasing the precision of dental operations. The quality of dental operations is further improved by giving the assistant the unique ability to see the exact operating field and conditions as seen by the operator.

What are some of the other benefits of this stereoscopic visual communication tool?

A picture is worth a thousand words. A stereoscopic 3–D picture is worth a thousand pictures, and a stereoscopic 3–D video is worth a thousand 3–D pictures. The amount of visual information that can be conveyed through stereoscopic video is enormous. It does not leave anything to speculation and imagination. Live 3–D video is an effective tool for reducing patient anxiety. Empowering the patient with visual information produces a more educated patient who is more cooperative, motivated, appreciative and who takes ownership of their problem. Visually educating the staff increases their competence. Communication with colleagues with referral information using stereoscopic clinical visual records can convey the most comprehensive picture of the clinical condition with accuracy and completeness unmatched by any other method.

> *'A picture is worth a thousand words. A stereoscopic 3-D picture is worth a thousand pictures, and a stereoscopic 3–D video is worth a thousand 3–D pictures.'*
> *— Assad F. Mora, DDS, MSD, FACP*

Where do you see microscope dentistry going in the next five to 10 years?

Emerging technologies can play a significant role in advancing the principles of microsurgery and microdentistry and gain acceptance by a larger segment of practicing dentists. By bringing the comfort of posture-independent stereoscopic vision, ease of use, a short learning curve and ease of documentation to microscope magnification, the profession should find it more compelling to adopt this new paradigm for improving the standards of dental care, for both the patient and the treating team. Also, bringing real-time stereoscopic video vision and simplified stereoscopic documentation to clinical dental education can create a new paradigm in teaching. Change will come to the profession when the compelling evidence is accepted based on a perceived need assessment. It will only come when the time is right.

If you could send one key message to dentists and specialists, what would it be?

The microscope is not the end. It is the means to challenging the status quo and achieving a higher quality in patient care. Constant decisions are made every second during exams and treatments based on visual feedback. To drive the point home please allow me to use the following example: An image made of 20-by-30 pixels has 600 pixels, or 600 points of information. The same image made of 200-by-300 pixels has 60,000 pixels or 60,000 points of information. The second image is considered 10 times larger than the smaller image. However, it has 59,400 points of information more than the first image. Or, the first image has 1 percent of the information present in the second image. Could it be that if we were not working with 10x magnification, we are then working with 1 percent of the information that could be available to us? When performing a dental operation, clinical decisions have to be made constantly. Visual feedback is the main source of information upon which clinical decisions are made. Dentistry has been and will continue to be an assumption-based endeavor. The closer our assumptions are to reality, the better will be our decisions leading to more successful outcomes.

You can't diagnose or treat what you can't see. You don't know what you can't see, and you can't see what you don't know.

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Four ways to increase case acceptance

By Roger Levin, DDS

'A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty.'

— Winston Churchill

Everyone wants 2009 to be a better year than 2008. Well, here's how: improve your system for presenting treatment to patients — especially larger need-based and elective cases. When I say that to dentists at my Total Practice Success™ seminars, a few attendees will inevitably respond, "I'm doing everything I can, but nothing seems to work. About the same percentage of patients accept treatment year-to-year no matter what I do."

This is when I start asking questions about their case presentations:

- Is your team involved? Does your hygienist regularly educate patients about all practice services?
- Do you emphasize patient benefits right from the get-go?
- How up-to-date are your marketing materials? Do they promote all of your services, especially cosmetic dentistry and implants?
- Do you offer flexible financial options to every patient?

As you can probably guess, the majority of the responses are in the negative. That's because most people, including dentists, have difficulty accurately evaluating their performance. We all want to believe that we're doing the best that we can. Of course, we often are, but sometimes we are not. Admittedly, changing can be difficult. It often takes a major event, such as the worst economy since the Great Depression, to shake us out of our complacency.

While the past several months have certainly been a wake-up call, this is no time to dwell on the negative. We're starting a new year — a time brimming with possibilities — so, let's focus on the one indisputable fact that I can't emphasize enough to dentists everywhere: *Your practice is the best investment you ever made.*

Now is the time to re-invest in your practice by improving your system for case presentation. Levin Group helps our clients increase case acceptance with a systematized approach called Greenlight Case Presentation. These four "green light" action steps can help you do the same.

Promote comprehensive dentistry

Successful practices take a long-term view of patients' oral health. Most patients are potential candidates for any number of traditional and elective procedures, yet too many practices take a shortsighted view and focus exclusively on the patients' current needs and treatment. Yes, practices should address a patient's immediate concerns, but there also should be a focus on lifelong dentistry that takes a comprehensive view of the patient's dental future needs and wants. Unfortunately, a high percentage of dental appointments are still single-tooth treatments. Offering comprehensive care to all patients can result in a significant increase in production and profitability.

Focus on benefits right from the start

Dentists love the technical aspects of treatment, but most patients couldn't care less. They just want to know how treatment will benefit them. Let's take implants, for example. Patients want to hear how implants will improve their smile, prevent bone loss, increase their quality of life, etc. It's not that clinical explanations should be avoided entirely, but it's just that they should be de-emphasized. Save technical details for later in the case presentation, and keep them to a minimum unless the patient asks specific questions. Remember, patients generally have one thing in mind: "What's in it for me?" Only by focusing on benefits can patients become truly motivated. Without motivation, it's doubtful patients will move forward with treatment.

Educate patients

Just as billion-dollar corporations run the same TV commercials repeatedly to create product awareness, a practice must also educate patients about all of its services multiple times during each and every visit. Case presentation shouldn't be solely the doctor's responsibility, each team member must do his or her part to educate and motivate patients about practice services. In addition, marketing materials — brochures, posters, infomercials on monitors, etc. — should be featured in patient areas throughout the practice.

Present flexible financial options

Practices can dramatically increase case acceptance by offering a broad array of financial options to all patients. Many doctors make the mistake of assuming which patients may or may not be able to afford certain cases. Case acceptance dramatically increases when patients see the value in the recommended treatment and are presented with a variety of flexible financial options that suit their budget. Levin Group recommends that practices use these options:

- 5 percent discount for full payment in advance for larger cases,
- credit cards,
- half upfront, half before completion of treatment,
- outside or third-party financing.

Conclusion

Case acceptance drives practice success. These four action steps can help you and your team get more patients to say "yes" to recommended treatment. Combat a tough economy by increasing your case acceptance and give the green light to more success in 2009!

Dental Tribune readers are entitled to receive a 20 percent courtesy on the Levin Group's Total Practice Success™ Seminar held for all general dentists on May 28 & 29 in Nashville. To register and receive your discount, call (888) 973-0000 and mention "Dental Tribune" or email customerservice@levingroup.com with "Dental Tribune TPS" in the subject line.

About the author

Dr. Roger P. Levin is chairman and chief executive officer of Levin Group, the leading dental practice management firm. Levin Group provides clients with Total Practice Success, the premier comprehensive consulting solution based on the implementation of high-performance systems. A third-generation dentist, Levin is one of the profession's most sought-after speakers, bringing his Total Practice Success Seminars to thousands of dentists and dental professionals each year.

Using microscopes to provide better patient care

An interview with Donato Napoletano, DMD, who says scopes have 'transformed' his practice

By Fred Michermshuizen, Managing Editor Endo Tribune

Donato Napoletano, DMD, started his general dental practice in 1988 in his hometown of Middletown, N.Y. From the very beginning, his practice has focused on three key philosophies: prevention, early diagnosis and minimally invasive intervention whenever possible.

To achieve his goals, Napoletano has always relied upon the best technology available. He uses CAD/CAM systems to design and fabricate all-porcelain restorations, and he uses lasers in diagnosing and treating carious lesions early, in removing soft tissue lesions, and in treating moderate to advanced chronic periodontitis in patients who desire an alternative means of therapy to conventional surgery. But Napoletano says the most important tool in his technological arsenal, by far, is the dental operating microscope.

"I use a microscope with just about every patient I examine or treat," Napoletano says. "In addition to enhancing the use of other technologies I use, the microscope also helps to enhance and augment just about all aspects of dental practice that I can think of, including patient management and patient education."

Napoletano, who is so excited about his microscopes that he offers a dental microscopy course for fellow restorative dentists, spent some time recently discussing microscopes with Dental Tribune.

Donato Napoletano, DMD

How long have you been using microscopes? What can they do?

I have been using the dental operating microscope for over five years now, and I consider it to be the most valuable piece of technology I use. This equipment has truly transformed the way I practice dentistry in ways I never imagined. I currently have six microscopes, one in each of my six operatories. They are ceiling-mounted Global Surgical G-6 models, which offer six steps of magnification. All of my microscopes have SLR digital cameras and live video cameras attached to them. The video feed, which is directly connected to the operatory, computes and bridges to my practice management software so that images can be easily captured and stored in the patient's chart.

How does having microscopes in your practice enable you to provide better patient care?

The microscopes give me increased precision and a higher level of confidence that all decay has been removed. When utilizing lasers, the microscope is very helpful in better observing laser-tissue interactions. Most importantly, however, the microscope enables me to better diagnose problems early and effectively communicate these problems to patients so that they are better able to accept treatment recommendations. The key to offering patients better care is first getting them to agree to it, which, as we all know, can be challenging with some patients, especially if they are new to the practice or are not currently experiencing any symptoms.

What other advantages do the scopes give you?

One of the most significant advantages to the operator is improved ergonomics through better posture. This enables the clinician to operate more comfortably for longer periods of time without breaks. This

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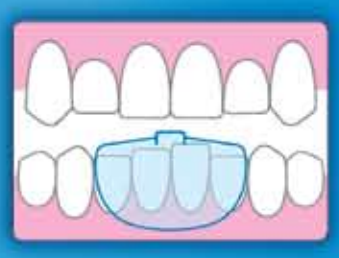

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