Greater New York Dental Meeting • December 1–4, 2013 Official Meeting News

Vol. 8 No. 1

today

DEC. 1 2013

dti] Dental Tribune International MEDIA LOUNGE

It's a total technology solution

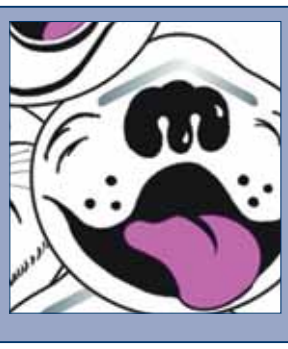
Dr. Howard Golan talks lasers, cone-beam, milling and scanning at a Dental Tribune-hosted education session.

»page 4

Guide to the exhibit hall

So many exhibitor booths, so little time. Make sure you don't miss a single one with our trusty guide.

»starting on page 10



Start your product shopping now

Masks with crazy faces, instructional DVDs and bone-graft products are just a few of the items up for sale in the exhibit hall.

»pages 42 & 44

And we're off!

The New York City skyline. (Photo/Provided by *www.sxc.hu*)

The 89th Greater New York Dental Meeting gets off to a strong start

■ For the 89th time, the doors to the Greater New York Dental Meeting (GNYDM) have opened, inviting in dentists, hygienists, staff, educators and students from around the world.

From now until Wednesday afternoon, hundreds of lectures, hands-on workshops, seminars and product demonstrations will take place on topics ranging from lasers to implants to orthodontics to esthetics to practice management and team building.

Here is just a sample of what you can expect.

• *Botox, Dysport and dermal fillers:* These hands-on workshops introduce procedures on actual patients to teach dentists how to use Botox/Dysport and dermal fillers in their practices; courses are offered today, Monday and Wednesday.

• *Sleep medicine:* Three days of the latest research and awareness of

»see OFF, page 3

Get out and explore

By Fred Michmershuizen, *today* Staff

■ One of the greatest things about coming to the Greater New York Dental Meeting is that you can explore one of the greatest cities on Earth. When you are done at the Javits Center, there is always plenty to see and do in the Big Apple.

It doesn't matter whether this is your first time in New York or if you come here every year. There is always something new to discover. Turn the pages for some ideas.

»see EXPLORE, page 46

Ice skaters go in graceful circles beneath the gilded statue of Prometheus and the glittering Christmas tree at Rockefeller Center. (Photos/Provided by NYC and Company)

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Off *from page 1*

dental sleep medicine. Learn how to establish dental sleep medicine protocols in your practice and identify patients at risk.

• *Invisalign Expo:* Three days (today, Monday and Tuesday) of Invisalign programming is offered for the entire team. Learn how to incorporate Invisalign into your practice.

• *Lunch and Learn:* Learning and lunch discussions are being offered today and Tuesday. Attendees receive free C.E. and a free lunch at the close of the program. Space is limited.

• *ColLABoration:* This new feature brings dentists and technicians together in a designated laboratory exhibit area and features specialized education and demonstrations of digital dentistry and technology.

Learn about CAD/CAM and digital workflow

■ Zahn Dental, a Henry Schein company, will sponsor three hands-on classroom education courses during ColLABoration GNYDM 2013. Courses are structured to promote a team-based approach to patient care where dentists and technicians can interact and learn in a classroom setting.

Topics and sessions to be featured at ColLABoration include:

• "Digital Workflow from Operatory to Final Restoration," 11:10 a.m.–noon today, with Marcus F. Abboud, DDS, and Joseph M. Apap, CDT, MDT. Information about the latest digital impression systems and materials will be presented. C.E. credits: 3

• "Go Digital for Better Dentistry," 12:30–2:30 p.m. Tuesday, with Doug Statham. C.E. credits: 2

• "The CAD/CAM Ceramic Update," 9:45–11 a.m. Wednesday, with Markus B. Blatz, DMD, PhD, and Michael Bergler, MDT. C.E. credits: 3

ColLABoration workshops are open to all lab technicians, dentists, hygienists and practice staff. To register online, please visit *www.dentalaegis.com/idt/collaboration/attendee/.*

Visit Zahn's booth, No. 425, for lectures, hands-on demos and the latest in digital technology.

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Special course: Hear firsthand how 3-D imaging, lasers, scanning and chairside milling has transformed a New York City-area general practice

A total technology solution

■ BIOLASE Inc. (booth No. 600) is co-sponsoring a special free educational event here at the Greater New York Dental Meeting in conjunction with Dental Tribune International. The course, taking place today and entitled "The Total Technology Solution: Lasers, 3-D Cone Beam, Scanning and Milling," will be led by New York-area general dentist Dr. Howard Golan.

The educational session will be held from 2 to 3:30 p.m. in the Dental Tribune Lounge in the main lobby of the Jacob K. Javits Convention Center. The event is free of charge for all participants. You may visit BIOLASE booth No. 600 for more information.

Golan, of Williston Park, N.Y., is one of a few general dentists in the United States who has adopted the full gamut of the Total Technology Solution, which includes 3-D imaging, lasers, scanning and in-office milling.

The Total Technology Solution, according to BIOLASE, is an innovative range of best-in-class technology systems from BIOLASE, NewTom, 3Shape and imes-icore GmbH. With best-in-class all-tissue and soft-tissue lasers, 3-D and 2-D imaging solutions, digital impression scanners, design software and professional-grade milling systems for the dental office, the Total Technology Solution aims to bring the best of the best to the general dental practice.

Adding to the Total Technology Solution, BIOLASE is introducing its new Galaxy BioMill CAD/CAM System here at the GNYDM.

Federico Pignatelli, chairman and CEO of BIOLASE, said: "We believe that the GALAXY BioMill is the final key step in the completion of our Total Technology Solution. We can now offer a complete portfolio of unique and standard-of-care-changing hard- and soft-tissue dental lasers, 2-D and 3-D digital radiography and best-in-class CAD/CAM products."

Visit the BIOLASE booth, No. 600, for more information on this course or to see the Total Technology Solution and the all-new GALAXY BioMill System in action.

Meet, learn, connect

The Greater New York Dental Meeting is full of prime educational opportunities, and once again, Dental Tribune is doing its part by offering a chance to learn from and connect with some of the industry's key opinion leaders and dental professionals from around the world.

Today and Monday, educational sessions will be held in the DT Lounge, located in the Crystal Palace, near the 35th Street Entrance Hall.

Topics on the schedule include "The Total Technology Solution: Lasers, 3-D Cone Beam, Scanning and Milling" by Dr. Howard Golan, "Head to Toe" dental ergonomics with Orascoptic and a discussion of the UNIDI, the Italian Dental Association, by the association's president, Gianfranco Berrutti.

Stop by the DTI Lounge during the show for more information. Refreshments will be provided.

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■ Ninety-five percent of the world's consumers live outside the United States, and more and more U.S. companies are looking to meet these prospective buyers. To increase international sales, businesses are turning to the Commerce Department's U.S. Commercial Service and other federal agencies for export services.

Here at the Greater New York Dental Meeting (GNYDM), the commercial service offers export programs to assist you in your export and partnering efforts.

Contact

For more information about the U.S. Commercial Service worldwide network, call (800) USA-TRADE or visit *www.trade.gov/cs*.

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So, whether you're new to export or want to expand into new markets, the commercial service expertise can help add to your bottom line.

Stop in and see the commercial service representatives. They are located in the International Business Center, part of international registration, just next to the show office.

International buyer program

Once again this year, the GNYDM has been selected by the U.S. Department of Commerce to participate in the international buyer program (IBP), a service that significantly enhances the ability to make the show a truly global marketplace.

Through this program, the commercial service offers a number of services to help attendees make the most of their show experience and assists small- and medium-sized U.S. businesses in exporting their products and services.

During the show, commercial services trade specialists will manage the International Business Center. At the center, buyers can negotiate with sellers, use the meeting rooms provided — free of charge on a first-come, first-served basis — and take advantage of the facility to plan visits to the exhibit floor.

Exhibitors are encouraged to visit the International Business Center for export counseling by staff and to meet with international buyers.

The commercial service offers free, interactive export seminar

Through the Commercial Service Export Seminar, exhibitors will learn the tools of the trade and have an opportunity to learn about the different markets represented by international commercial specialists.

The export seminar will take place from 8:30–9:30 a.m. Tuesday in the exhibitor lounge on the fourth floor, A/B Terrace.

Go global with help from the U.S. Commercial Service

U.S. firms looking to increase their bottom line by making new sales abroad can benefit from the export services and programs of the U.S. Commercial Service, many of which are available at no cost. Talk to a commercial service representative to find out more. Highlights include:

- market research,
- trade events that promote products or services to qualified buyers,
- introductions to international partners,
- counseling and advocacy.

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Oraqix is indicated for adults who require localized anesthesia during scaling and/or root planing. Oraqix is not for injection. Oraqix is contraindicated in patients with known history of hypersensitivity to local anesthesia of the amide type or to any other component of this product. The most common adverse reactions in clinical studies were application site reactions, headaches and taste perversion. For Oraqix prescribing information, warnings and contraindications, see the product insert on opposing page.

References: 1. Oraqix® Prescribing Information. **2.** van Steenberghe D, Bercy P, De Boever J, et al. Patient evaluation of a novel non-injectable anesthetic gel: a multicenter crossover study comparing the gel to infiltration anesthesia during scaling and root planing. J Periodontol. 2004;75(11):1471-1478.

DENTSPLY PHARMACEUTICAL

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PHA01-0911-2.1

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Not for injection.

oraqix®

(lidocaine and prilocaine periodontal gel) 2.5% / 2.5%

INDICATIONS AND USAGE

Oraqix® is indicated for adults who require localized anesthesia in periodontal pockets during scaling and/or root planing.

CONTRAINDICATIONS

Oraqix® is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type or to any other component of the product.

WARNINGS

Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents. Methemoglobinemia has also been reported in a few cases in association with lidocaine treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Oraqix® should not be used in those patients with congenital or idiopathic methemoglobinemia and in infants under the age of twelve months who are receiving treatment with methemoglobin-inducing agents. Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate grey cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysrhythmia and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if metHb-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the setting of methemoglobinemia. The diagnosis can be confirmed by an elevated methemoglobin level measured with co-oximetry. Normally, metHb levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. The development of methemoglobinemia is generally dose related. The individual maximum level of metHb in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.5 g Oraqix®.

Management of Methemoglobinemia: Clinically significant symptoms of methemoglobinemia should be treated with a standard clinical regimen such as a slow intravenous infection of methylene blue at a dosage of 1-2 mg/kg given over a five minute period.

Patients taking drugs associated with drug-induced methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, and quinine are also at greater risk for developing methemoglobinemia. Treatment with Oraqix® should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment.

PRECAUTIONS

General: **DO NOT INJECT** Oraqix® should not be used with standard dental syringes. Only use these product with the Oraqix® Dispenser, which is available from DENTSPLY Pharmaceutical. Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock. If these reactions occur they should be managed by conventional means.

Oraqix® coming in contact with the eye should be avoided because animal studies have demonstrated severe eye irritation. A loss of protective reflexes may allow corneal irritation and potential abrasion. If eye contact occurs, immediately rinse the eye with water or saline and protect it until normal sensation returns. In addition, the patient should be evaluated by an ophthalmologist, as indicated.

However, Oraqix® should be used with caution in patients with a history of drug sensitivities, especially if the etiologic agent is uncertain.

Patients with severe hepatic disease are at greater risk of developing toxic plasma concentrations of lidocaine and prilocaine.

Information for Patients: Patients should be cautioned to avoid injury to the treated area, or exposure to extreme hot or cold temperatures, until complete sensation has returned.

Drug Interactions: Oraqix® should be used with caution in combination with dental injection anesthesia, other local anesthetics, or agents structurally related to local anesthetics, e.g., Class 1 antiarrhythmics such as tocainide and mexiletine, as the toxic effects of these drugs are likely to be additive and potentially synergistic.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY:

Carcinogenesis - Long-term studies in animals have not been performed to evaluate the carcinogenic potential of either lidocaine or prilocaine. Chronic oral toxicity studies of o-toluidine, a metabolite of prilocaine, have shown that this compound is a carcinogen in both mice and rats. The tumors associated with o-toluidine included hepatocarcinomas/ adenomas in female mice, multiple occurrences of hemangiosarcomas/hemangiomas in both sexes of mice, sarcomas of multiple organs, transitional-cell carcinomas/papillomas of urinary bladder in both sexes of rats, subcutaneous fibromas/fibrosarcomas and mesotheliomas in male rats, and mammary gland fibroadenomas/adenomas in female rats. These findings were observed at the lowest tested dose of 150 mg/kg/day or greater over two years (estimated daily exposures in mice and rats were approximately 6 and 12 times, respectively, the estimated exposure to o-toluidine at the maximum recommended human dose of 8.5g of Oraqix® gel on a mg/m2 basis). Complete conversion of prilocaine to its metabolite o-toluidine on a molar basis is assumed. This gives a conversion on a weight basis of about 50% for prilocaine base (dependent on the molecular weights, i.e. 220 for prilocaine base and 107 for o-toluidine).

Mutagenesis - o-Toluidine, metabolite of prilocaine, was positive in Escherichia coli DNA repair and phage-induction assays. Urine concentrates from rats treated orally with 300 mg/kg o-toluidine were mutagenic to Salmonella typhimurium in the presence of metabolic activation. Several other tests on o-toluidine, including reverse mutations in five different Salmonella typhimurium strains with or without metabolic activation, and single strand breaks in DNA of V79 Chinese hamster cells, were negative.

USE IN PREGNANCY:

Teratogenic Effects: Pregnancy Category B
There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Oraqix® should be used during pregnancy only if the benefits outweigh the risks.

Nursing Mothers: Lidocaine and, possibly, prilocaine are excreted in breast milk. Caution should be exercised when Oraqix® is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established. Very young children are more susceptible to methemoglobinemia. There have been reports of clinically significant methemoglobinemia in infants and children following excessive applications of lidocaine 2.5% topical cream (See WARNINGS).

Geriatric Use: In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS

A causal relationship between the reported adverse reactions and Oraqix® could neither be established nor ruled out.

Following SRP treatment with Oraqix® in 391 patients, the most frequent adverse events were local reactions in the oral cavity. These events, which occurred in approximately 15% of patients, included pain, soreness, irritation, numbness, vesicles, ulcerations, edema and/or redness in the treated area. Of the 391 patients treated with Oraqix®, five developed ulcerative lesions and two developed vesicles of mild to moderate severity near the site of SRP. In addition, ulcerative lesions in or near the treated area were also reported for three out of 168 patients who received placebo. Other symptoms reported in more than one patient were headache, taste perversion, nausea, fatigue, flu, respiratory infection, musculoskeletal pain and accident/injury.

OVERDOSAGE

Local anesthetic toxicity emergency: If other local anesthetics are administered at the same time as Oraqix, e.g. topically or by injection, the toxic effects are thought to be additive and could result in an overdose with systemic toxic reactions. There is generally an increase in severity of symptoms with increasing plasma concentrations of lidocaine and/or prilocaine. Systemic CNS toxicity may occur over a range of plasma concentrations of local anesthetics. CNS toxicity may typically be found around 5000 ng/mL of lidocaine, however a small number of patients reportedly may show signs of toxicity at approximately 1000 ng/mL. Pharmacological thresholds for prilocaine are poorly defined. Central nervous system (CNS) symptoms usually precede cardiovascular manifestations. The plasma level of lidocaine observed after the maximum recommended dose (5 cartridges) of Oraqix® in 11 patients exposed over 3 hours ranged from 157-552 ng/mL with a mean of 284 ng/mL ± 122 SD. The corresponding figure for prilocaine was 53-181 ng/mL with a mean of 106 ± 45 SD.

Clinical symptoms of systemic toxicity include CNS excitation and/or depression (light-headedness, hyperacusis, visual disturbances, muscular tremors, and general convulsions). Lidocaine and/or prilocaine may cause decreases in cardiac output, total peripheral resistance and mean arterial pressure. These changes may be attributable to direct depressant effects of these local anesthetic agents on the cardiovascular system. Cardiovascular manifestations may include hypotension, bradycardia, arrhythmia, and cardiovascular collapse.

Management of Local Anesthetic Emergencies: Should severe CNS or cardiovascular symptoms occur, these may be treated symptomatically by, for example, the administration of anticonvulsive drugs, respiratory support and/or cardiovascular resuscitation as necessary.

DO NOT FREEZE. Some components of Oraqix® may precipitate if cartridges are frozen. Cartridges should not be used if they contain a precipitate.

Do not use dental cartridge warmers with Oraqix®. The heat will cause the product to gel.

Rx only

Manufactured for: DENTSPLY Pharmaceutical York, PA 17404
By: Recipharm Karlskoga AB Karlskoga Sweden
Rev. 09/2010

Renew your passion

By LVI Staff

Welcome to the Greater New York Dental Meeting, and congratulations on actively moving your understanding and professional success forward! It is only through excellent education that we individually grow and develop as dental health professionals and, through that, build a practice that is not just successful but delivers comprehensive and high-quality care.

As a patient, I expect the best care I can find. As a dentist, I want to deliver the best care possible. That takes us to the power of continuing education and, as dentists, we are faced with many choices in continuing education.

As a way to introduce you to the Las Vegas Institute for Advanced Dental Studies, or LVI, I want to outline what LVI is about and what void it fills in your practice. The alumni who have completed programs at LVI were given an independent survey, and unlike the typical surveys of dentists, 99.7 percent love being a dentist, and of those surveyed, 92 percent enjoy their profession more since they started their training at LVI. That alone is reason enough to go to LVI and find out more.

While the programs at LVI cover the full breadth of dentistry, the most powerful and life-changing program is generally reported as being Core I, or "Advanced Functional Dentistry — The Power of Physiologic Based Occlusion." It is a three-day course that is designed for clinicians and their teams to learn together about the power of getting their patients' physiology on their side.

In this program, clinicians can learn how to start the process of taking control of their practice and start to enjoy the full benefits of owning a practice and providing high-quality dentistry. Regardless of whether it is a solo practice or a group setting, every dentist can start the process of creating comprehensive care experiences for their patients.

We will discuss why some cases that dentists are asked to do by their patients are actually dangerous cases to restore cosmetically. We will discover the developmental science behind how unattractive smiles evolve and what cases may need the help of auxiliary health-care professionals to get the patient feeling better.

The impact of musculoskeletal signs and symptoms will be explored, and we will look at how the supporting soft tissue is the most important diagnostic tool you have — not simply the gingiva but the entire soft-tissue support of the structures and not just in the mouth but also in the rest of the body.

A successful restorative practice should not be built on insurance reimbursement schedules. An independent business should stand not on the whims and distractions of a fee schedule but rather on the ideal benefits of comprehensive care balance by the patients' needs and desires.

Dentistry can be a challenging and thankless business, but it doesn't have to be. Through complete and comprehensive diagnosis, there is an amazing world of thank yous and hugs and tears that our patients bring to us when we change their lives.

The Core I program at LVI is the first step on that journey. That's why when you call, we answer the phone: "LVI, where lives are changing daily!"

For more information

For more information on the Las Vegas Institute for Advanced Dental Studies, visit *www.lviglobal.com*.

The Las Vegas Institute for Advanced Dental Studies in Las Vegas. (Photo/ Provided by LVI)

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