

today



Inside today

You will find an overview about Swedental 2014, new developments and trends in the world of dentistry as well as information on dental products and the industry.

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Economic uncertainties

The European market for dental implants contracted through 2014, as uncertain economic conditions continued to reduce procedure volumes and as more low-cost competitors entered the market, driving down prices.

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New products in focus

Swedental is an excellent opportunity to see state-of-the-art technologies in the field of dental implantology.

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Latest dental technology on display at Stockholmässan

Swedish capital invites dental professionals from Scandinavia to next edition of Swedental

Scandinavia's largest dental show once again invites dentists, technicians and other dental staff to receive an update on the latest products and technologies in dentistry. The three-day event, to be held at the Stockholmässan fairground in Älvsjö in the capital of Sweden, is organised by the Swedish Dental Association in cooperation with the Swedish Dental Trade Association and will present the latest equipment and materials available to dental professionals today.

According to the latest estimates, up to 200 dealers and manufacturers from the region and abroad have registered for the dental exhibition. Among innovations such as new and improved dental materials and equipment, a vast number of advanced digital solu-

tions are on display, which were developed to improve the workflow and communication between dental practices and laboratories for the benefit of patients. New products for treatment outcomes that are more predictable and an improved workflow in dental practices and laboratories are going to be presented at the industry exhibition. Among others, Finish dental equipment manufacturer Planmeca has announced that they will be showcasing its latest tools for a complete digital workflow. With G-aenial Flo X, the GC cooperation will a new high-radiopacity flowable composite with perfect handling that will expand its G-aenial range of restorative materials.

More than 11,000 visitors are expected for this year's meeting

which takes place every year in fall. Last year's edition in Gothenburg attracted over 12,000 attendees of which the majority came from Scandinavia.

On Friday at the After Dent party, located at the entrance of the exhibition hall, visitors of the show will be able to meet with friends, partners and colleagues in a relaxed afterwork-like atmosphere. This time, entertainment will be provided by the Swedish singer-songwriter Nanne Grönvall and pop singer Uno Svenningsson.

First held in 1973, Swedental has become the leading forum and trade fair for the dental industry in Scandinavia. More information about the meeting, the parallel scientific sessions as well as exhibi-



(DTI/Photo courtesy of Stockholmässan, Sweden)

tion is available on its website at www.swedental.org. The association also has an application for mobile devices and tablet computers

that is aimed at giving visitors quick access to event-related information in advance and during the show. ◀

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Useful information

Venue

Stockholmässan
Mässvägen 1
125 30 Älvsjö
SWEDEN

An information desk is located at the main entrance. Wheelchairs

can be borrowed from there. A limited number of parking spaces for disabled persons are also available.

Organisers

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(Sveriges Tandläkarförbund)

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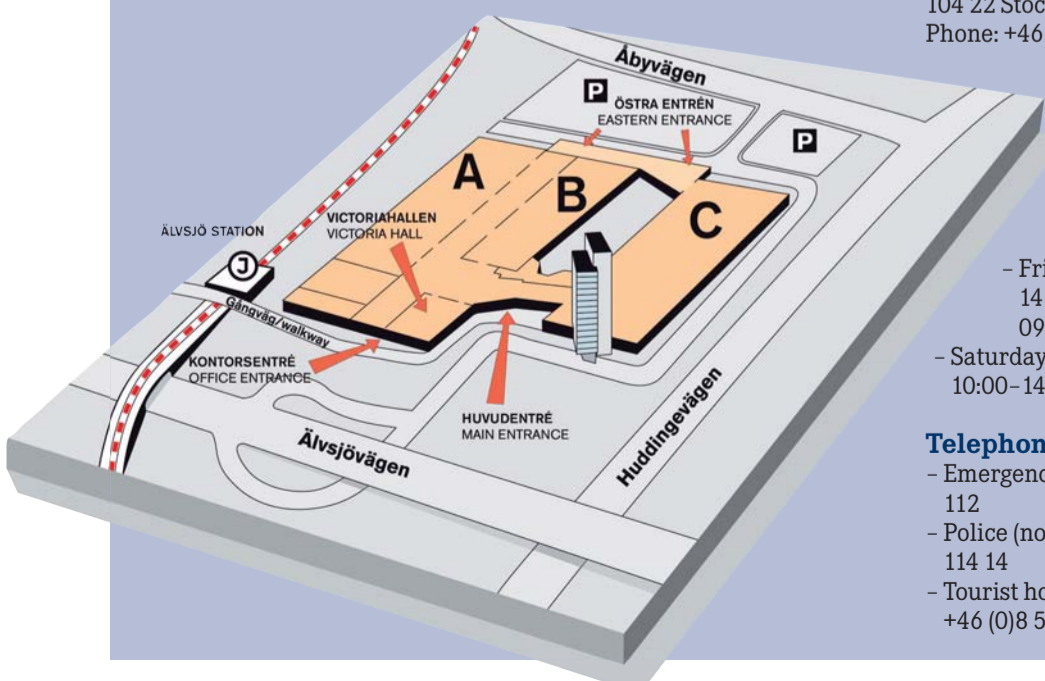
Swedish Dental Trade Association
(Föreningen Svensk Dentalhandel)
Box 22307
104 22 Stockholm
Phone: +46 (0)8 508 938 00

Exhibition opening times

- Thursday, 13 november: 09:00–17:00
- Friday, 14 november: 09:00–17:00
- Saturday, 15 november: 10:00–14:00

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Stamceller från nerver bildar tänder

■ STOCKHOLM - Forskare vid Karolinska Institutet har upptäckt att stamceller inne i tandens mjuka delar har ett oväntat ursprung,

tänder mår. Med åldern blir tänderna mer mottagliga för infektioner, slitage och skador och det är en viktig uppgift för vården att hjälpa människor att bibehålla en bra tandhälsa. Det är sedan tidi-

inte möjligt att utveckla nya tänder hos vuxna individer, men upptäckten av en ny typ av stamceller bidrar på ett viktigt sätt till den kunskap och teknologi som krävs för att det på sikt ska bli möjligt.

tandvård. Det visar forskning av Marjan Dorkhan vid Malmö högskola.

Behandling med titanimplantat är en väletablerad metod som blivit allt vanligare under senare år för att ersätta förlust av tänder. Men i samband med behandlingen kan det uppstå komplikationer, exempelvis infektioner. Dessa kan vara svårbehandlade och i vissa fall utvecklas till kroniska tillstånd som kan leda till att implantatet förloras.

Marjan Dorkhan, tandläkare och doktorand vid avdelningen för oral biologi vid Odontologiska fakulteten, har undersökt hur streptokocker fäster på implantat.

Det vi eftersträvar är att identifiera en yta på tandimplantat som attraherar vävnadsceller samtidigt som det avvisar bakterier, säger Marjan Dorkhan.

Streptokocker fastnar inte lika lätt på nanoporer

Resultaten visar bland annat att streptokocker fastnar lättare på en blåstrad yta jämfört med den med nanoporer. Den exakta orsaken

Många lider av kroniska infektioner

Det exakta antalet patienter som drabbas av infektioner är okänt. Resultaten från de studier som gjorts skiljer sig kraftigt åt, men så många som 40 procent av patienterna kan lida av kroniska infektioner, så kallade periimplantit.

Dessa infektioner är betydligt vanligare än vad vi tidigare har trott, säger Marjan Dorkhan. Det är med andra ord angeläget att hitta metoder som minskar infektionsrisken.

I fyra experimentella studier har Marjan Dorkhan undersökt hur olika orala streptokocker, en bakterie som normalt förekommer i munhålan, och mjukvävnads-celler fäster på titanytor som modifierats på två olika sätt. Det handlar om en yta som blåstrats och fått ett skrovligt ytskikt, en metod som är vanligt förekommande idag, samt en yta som täckts med nanometer, stora porer. ◀

Ingenjörer utvecklar ny gel som främjar bentillväxt runt tandimplantat

■ UPPSALA - Hur framgångsrik en behandling med tand- eller benimplantat blir beror i stor utsträckning på implantatets förmåga att binda samman med den intilliggande benvävnaden. En forskargrupp vid Uppsala universitet har utvecklat en ny beläggning som har visat sig ge en bättre sammanbindning mellan implan-

nämligen nerver. Fynden publiceras i den vetenskapliga tidskriften Nature och bidrar till helt nya kunskaper om hur tänderna bildas, hur de växer och hur de kan reparera sig själva.

Vår hälsa och livskvalitet hänger nära samman med hur våra

gare känt att tandens levande mjuka delar, pulpan, förutom bindväv, blodkärl och nerver också innehåller en liten reservoar av stamceller. Dessa stamceller kan reparera tanden efter skador genom att bidra till nybildning av både hård och mjuk tandvävnad. Forskare har länge diskuterat stamcellernas ursprung. Genom att studera tänder i möss har forskarna bakom den nya studien kunnat följa enskilda cellers öde.

Vi har identifierat en hittills okänd typ av stamceller, som helt oväntat hör till nerver i tanden - nerver som i vanliga fall mest associeras med tandens extrema smärtekänslighet, säger Kaj Fried vid institutionen för neurovetenskap, en av de ansvariga forskarna bakom studien.

Forskarna upptäckte att unga celler som från början är en del av nervernas stödjeceller, så kallade gliaceller, lämnar nerverna tidigt under fosterutvecklingen. Cellerna byter identitet och blir till både bindvävs-celler i tandens pulpa och till odontoblast, de celler som producerar det hårda dentinet under emaljen. I dag är det

Det faktum att stamceller finns tillgängliga i nerver är principiellt mycket betydelsefullt och inte unikt för tanden. Våra resultat pekar på att perifera nerver, som ju finns i stort sett överallt, kan fungera som viktiga stamcellsreservoarer. Härifrån kan multipotenta stamceller lämna nerver och bidra till att läka och nybilda vävnad i olika delar av kroppen, säger Igor Adameyko vid institutionen för fysiologi och farmakologi, som tillsammans med Kaj Fried ansvarar för studien.

Studien har finansierats med anslag från bland annat Vetenskapsrådet, Bertil Hållstens Forskningsstiftelse, StratRegen vid Karolinska Institutet, Wallenbergstiftelserna, Europeiska Forskningsrådet, Sveriges Tandläkarförbund, EMBO och Stockholms läns landsting. ◀

Nanomodifierade implantat minskar infektionsrisk

■ MALMÖ - Bakterier fäster inte lika lätt på tandimplantat med nanomodifierad yta jämfört med den typ av implantat som är vanligast förekommande inom dagens

till att streptokocker har svårare att fästa på en yta med nanoporer är inte känd. Marjan Dorkhans teori är att det kan bero på sammansättningen i den proteinfilm som bildas på implantatets yta när det kommer i kontakt med saliven, den så kallade pelliceln.

Med andra ord är det ytans egenskaper som påverkar pellicelns innehåll, vilket i sin tur påverkar bakteriernas förmåga att fästa. Vi har också sett att mjukvävnads-celler generellt har en god förmåga att fästa på titanytor med nanostrukturer.

Nanomodifierade titanytor lämpliga för implantat

Marjan Dorkhan har i sina studier visat att titanytor som modifierats med nanoporer kan vara en lämplig kandidat för nya implantat då de minskar inbindningen av bakterier samtidigt som de tillåter tillväxt av mjukvävnads-celler.

I en förlängning skulle dessa nanomodifierade ytor kunna minska risken för infektioner i samband med implantatbehandling, säger hon.

tat och ben och samtidigt förhindrar att implantatet stöts bort.

Preliminära experiment vid Institut Laue-Langevin, ett internationellt forskningscenter i Grenoble, Frankrike, har visat att titanoxidtytor som förses med en beläggning av bisfosfonat-modifierad hyaluronongel binder proteinet BMP-2, som sedan frigörs på ett kontrollerat sätt när ytan kommer i kontakt med en lösning av kalciumjoner. Enligt forskarna kan denna process stimulera tillväxten av benvävnad runt implantatet. Nästa steg är att testa liknande material för metallimplantat i syfte att försöka överföra resultaten till klinisk tillämpning.

"Vi föreställer oss att materialet i framtiden kommer att användas inom medicinen för att styra läkningsprocessen i ben", säger prof. Dmitri Ossipov, författare till studien och docent vid Uppsala universitet.

Studien med titeln "Polymeric smart coating strategy for titanium implants" publicerades i marsnumret av tidskriften *Advanced Engineering Materials*. ◀

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today About the Publisher

Editorial/
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International GmbH
Holbeinstraße 29
04229 Leipzig
Germany
Phone +49 341 48474-302
Fax +49 341 48474-173
Internet www.dental-tribune.com

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This special edition of *today international* will appear during the Swedental, Stockholm, 13-15 November, 2014.

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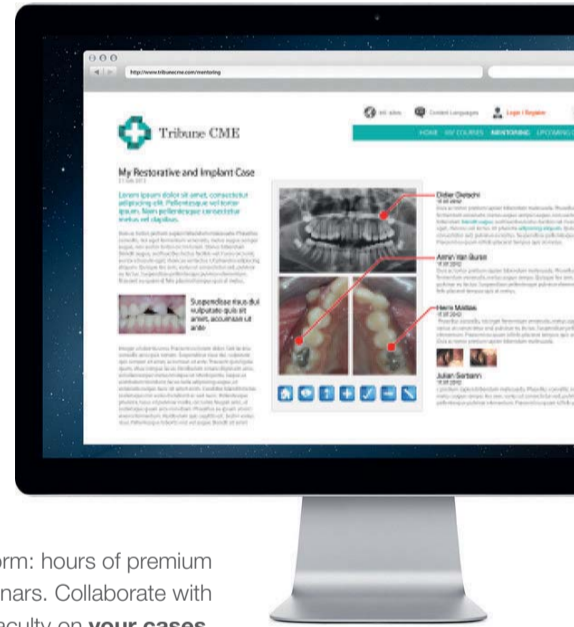
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“It is unacceptable to neglect severe oral diseases”

An interview with Prof. Wagner Marcenes, London, about the looming crisis of severe periodontal disease

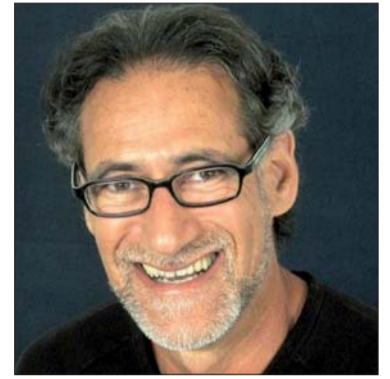
■ In a report, researchers of the Global Burden of Diseases, Injuries, and Risk Factors Study have recently shed light on the global dimensions of severe periodontitis, which now affects over 700 million people worldwide. This study is a major effort involving more than 1,000 scientists to systematically produce comparable estimates of

tion grew from 5.3 billion in 1990 to 6.9 billion in 2010. Moreover, severe periodontitis tends to develop during adulthood, showing a steep increase between the third and fourth decades of life. With more people living longer and retaining their teeth for life, the risk of developing severe oral health-related problems, particularly periodontitis,

reasoning, I would say that, in addition to demographic changes, smoking and poor oral hygiene may be the main factors associated with it. This is speculation, but what we see at the moment is a growing number of people smoking in developing regions contrary to the trend in most developed countries. Nearly 80 per cent of the more than one billion

by most as the most reliable indicators of severe periodontitis. We endeavored to reflect the measures adopted by the larger community of public health dentistry.

The choice of including only severe periodontitis and not less severe forms of periodontal disease, such as mild or moderate periodon-



• Aerial view of Buenos Aires, the capital of Argentina. The country has the highest incidence of severe periodontitis in the world. (Photo Celso Diniz/Shutterstock)

the burden of 291 diseases and injuries and their associated 1,160 sequelae in 1990, 1995, 2005 and 2010. On behalf of *today international*, Dental Tribune Group Editor Daniel Zimmermann had the opportunity to speak with lead author Prof. Wagner Marcenes from Barts and The London School of Medicine and Dentistry in London about the findings and why they are a cause for concern.

Dental Tribune: Prof. Marcenes, the prevalence of severe periodontitis on a global scale has not increased significantly in the last two decades, according to your report. Why are the numbers worrying nevertheless?

Prof. Wagner Marcenes: Having more than 700 million people suffering from severe periodontitis is really worrying. Although the proportion remained the same in 1990 and 2010, the number of people needing periodontal treatment has increased dramatically. This is because worldwide more than one in ten people suffer from severe periodontitis and the world popula-

tion will be high. The world's population is expected to almost double by end of this century, implying that the number of people with severe periodontitis may at least double.

How do the results compare to the situation prior to the surveyed period?

We have updated the data from the first Global Burden of Disease (GBD) study and generated comparable figures in 1990 and 2010. Therefore, we were able to compare the current and the previous situation to our survey in 2010. Since the study is unique, we do not have global data before the first GBD study. However, we know that oral diseases have decreased significantly in most industrialised countries, such as the UK and the US, in the last five decades.

Severe periodontitis appears to be most prevalent in South America and east sub-Saharan Africa. What could be the reasons for that?

Our study was not actually designed to test risk factors of periodontal disease, but based on pure

smokers worldwide live in low- and middle-income countries. With 1,500 new cases every year, Argentina for example has the highest incidence of severe periodontitis, which is almost double the global average, and high tobacco consumption. We cannot establish a cause and effect relationship, but I believe that the high incidence of periodontitis in these areas is most likely related to the habit of smoking.

In your report, you mention how difficult it is to determine disease prevalence owing to different classification systems. Is your representation of the situation therefore a realistic one?

I am confident our report provides a realistic, comprehensive assessment of the global burden of severe periodontitis. After much consideration, we used a Community Periodontal Index of Treatment Needs score of 4, a clinical attachment loss of greater than 6 mm or a pocket depth of more than 5 mm as indicators of periodontitis. We used the measurements adopted by the World Health Organization, which are considered

titis and gingivitis, was because of their low impact (disability weight) on quality of life. Since periodontitis tends to progress from mild to severe if untreated, our numbers reflect only the tip of the iceberg, indicating the seriousness of the challenge to health professionals.

Why is the situation so little addressed by the dental community, and how could it be better addressed?

The fact that a preventable oral disease is the sixth most prevalent of all 291 diseases and injuries examined in the 2010 GBD is quite disturbing and should cause all of us to redouble our efforts to raise awareness of the importance of oral health among policymakers. It is reasonable to prioritise life-threatening diseases that have a greater impact on quality of life; however, it is unacceptable to neglect severe oral diseases. Untreated caries in the permanent dentition is the most prevalent of all oral diseases and periodontitis the sixth, and untreated caries in the primary dentition is the tenth most prevalent disease in the world.

It is possible that the prevention and treatment of periodontitis are neglected because most health strategies target children at school and severe periodontitis is uncommon before the age of 20. I believe we need to seriously consider a change in strategy and target the adult population. Also, we should focus on determinants of health rather than the disease itself.

We call this the common risk factor approach. For example, many dental practices in the UK run smoking cessation programmes. This will not only reduce the number of cases of periodontitis but also help prevent life-threatening diseases, such as cancer and cardiovascular disease. Adopting the common risk factor approach would lead to the inclusion of oral health in the top five most relevant diseases. This is because oral diseases and serious life-threatening diseases share the same determinants, for example smoking, hygiene and diet.

Thank you very much for the interview. ◀



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Dental implant competitors shake things up amidst economic uncertainty

By Kristina Vidug, USA

■ In 2013, the global dental implant market—composed of the sale of dental implant fixtures, final abutments and other devices—was valued at over US\$3.7 billion. The European market, valued at nearly one-third of the global market at close to US\$1.2 billion, contracted through 2014, as uncertain economic conditions continued to reduce procedure volumes and as more low-cost competitors entered the market, driving down prices.

primarily paid out of pocket by patients—cost prohibitive, while alternatives, such as bridges and dentures, that are perceived as more affordable will represent attractive options.

Dental implants were invented in Sweden; as a result, it is not surprising that a great number of premium manufacturers are based in Continental Europe. In the past, premium manufacturers, such as

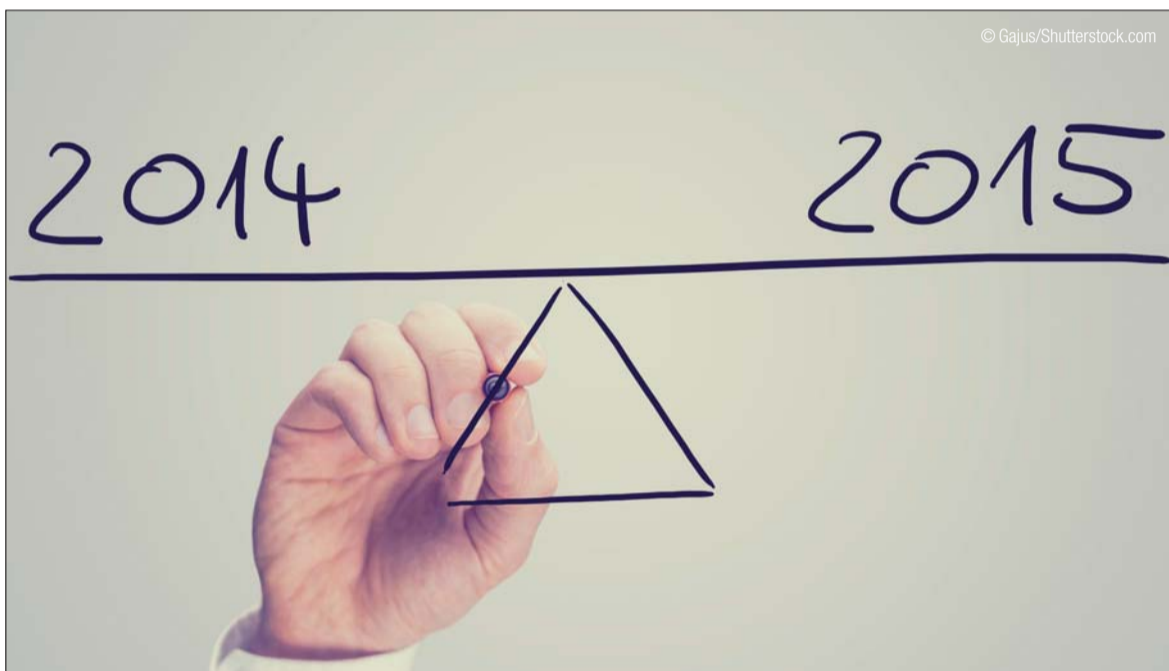
sumers. For instance, Straumann has reduced the price of its titanium implants by 15 per cent in Austria, Germany and Switzerland. While the price change only came into effect in the first quarter of this year, the strategy appears to have been effective because the company reported a 6 per cent rise in first-quarter revenue² compared with a 6 per cent decrease in the same period last year.³

market. In the first quarter of this year, the company purchased US\$30 million worth of bonds from low-cost South Korean dental implant manufacturer MegaGen. The investment, which will be converted to shares in 2016, will help bolster Straumann's revenue while allowing it to participate in both the premium and value segments, thus appealing to a wide range of practitioners and patients alike.

There is discussion of merger and acquisition activity among other companies in the segment too, with Nobel Biocare reportedly in talks to sell to private equity firms and strategic buyers. While these talks are still in the very early stages, what is certain is that there has been a great deal of activity in the competitive landscape in the past several years.

This, combined with the aforementioned economic factors, is turning this once stable and mature market into a dynamic, action-filled space. With the dental implant market set to rebound in Europe and with revenues expanding in other countries—particularly in the rapidly developing BRIC and Middle Eastern markets—the global industry is poised for even further change, and the competitive landscape could look entirely different a few years from now. ◀

Editorial note: A list of references is available from the publisher.



These factors hampered the expected economic recovery and resumption of growth projected for 2013.¹ As a result, the dental implant market will continue its decline before stabilising in 2015. Only then will the European market slowly begin to recover. Factors such as low gross domestic product growth and high unemployment continue to render dental implant procedures—which are

Straumann and DENTSPLY Implants, were able to rely on their long-standing reputations in the market and the high quality of their products to command higher prices than did some of their competitors.

More recently, however, some of the premium competitors have employed strategies to appeal to increasingly cost-conscious con-

The price reduction has come at a perfect time: while economic conditions begin to slowly improve, consumers are still extremely price sensitive. These price cuts therefore allow dental professionals to offer premium implant products to their patients at a reduced rate.

Straumann's price reduction is not its only foray into the value

However, this will not be the case with the Zimmer-Biomet merger, at least not in the short term, as the sales teams from both companies are expected to be retained through the merger. The cost of retaining both sales teams has been estimated at US\$400 million.⁴ While the effect of this acquisition on the market remains to be seen, the fact that the sales force will not be decreasing bodes well for the newly merged companies, likely resulting in an increased market share in the dental implant segment.



• Kristina Vidug is Market Research Analyst at Decision Resources Group, a US-based market information provider.

Global dental equipment market to reach over \$7 billion by 2019

Dental Tribune International

■ According to a new report published by US market research and consulting company MarketsandMarkets, the global dental equipment market is expected to reach \$7,138.9 million over the next five years. Along with technological advancements, the rising aging population worldwide, increasing demand for cosmetic dental treatments and growing dental tourism were identified as the main driving factors of this market.

From \$5,416.3 million in 2014, the global dental equipment market will grow at a compound annual growth rate of 5.7 per cent over the next several years.

Regarding product categories, the dental systems and equipment segments are expected to grow at the highest compound annual growth rate, owing to the increasing need for dental services attributed to the rising aging population worldwide and in the Americas in particular. In Asia, growth will be largely determined by the favorable regulatory environment in this region. In addition, more major dental companies are expected to expand into and invest in the Asian region.

Dental radiology equipment constitutes the second-largest segment in the market. In this segment, MarketsandMarkets expects the highest growth in extra-oral



X-ray devices, mainly attributed to the increasing demand for CBCT systems.

Among other companies, the report identifies A-dec, BIOLASE,

Ivoclar Vivadent, Planmeca and Sirona as prominent industry participants in the dental equipment market.

The full report, titled "Dental

Equipment Market (Dental Radiology, CAD/CAM, Dental Chairs, Dental Lasers) Current Trends, Opportunities—Global Forecast to 2019," can be purchased via MarketsandMarkets' website. ◀

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lingsenhet integrerade intraorala skanner, **Planmeca PlanScan**. Skannerns unika integration med Planmecas behandlingsenheter

skapar ett smidigt arbetsflöde eftersom skanningsdata nu visas i realtid, direkt på skärmenheten bredvid stolen. Skanningen kan

även styras från behandlingsenhetens trådlösa fotkontroll, utan att operatören behöver använda händerna.

Smidigt arbetsflöde vid skanning

Ultrasnabba och exakta **Planmeca PlanScan** kan nu enkelt integreras med Planmecas alla digitala behandlingsenheter. Tack vare behandlingsenhetens skärmenhet med full HD har personalen konstant och optimal tillgång till skanningsdata i realtid. På så vis kan de fokusera på behandlingsområdet utan att distraheras. Skannern avger även praktiska ljudsignaler som vägledning för att säkerställa optimal datainhämtning.

Unik skanning med fotkontroll

En annan sak som skiljer Planmeca PlanScan från andra skannrar är att den kan styras bekvämt med behandlingsenhetens trådlösa fotkontroll, så användaren har hela tiden händerna fria för skanning och patientbehandling. Med

AD

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fotkontrollen är det också enkelt att växla mellan förberedelsevy, motsatt vy och buckal vy, så att tandläkaren kan fokusera på att skanna utan avbrott. Handsfree styrning av skannern ger också hög infektionskontroll.

Enkel och flexibel användning

Planmeca PlanScan har utformats för att ha ett effektivt arbetsflöde - den används precis som andra dentalinstrument och kan utan problem delas mellan olika användare. Den körklara skannern kan också enkelt installeras på olika behandlingsenheter och i olika

rum. Det flexibla licensieringssystemet gör att olika CAD/CAM-arbetsfaser (skanning, utformning och tillverkning) kan utföras samtidigt av olika användare.

”Det här är en verkligt innovativ produkt som ger ett smidigt och problemfritt arbetsflöde vid behandlingsenheten och låter tandläkarna fokusera på sina patienter. Systemet är byggt på vår **Planmeca Romexis**®-programplattform, den första programvaran i världen som kombinerar CAD/CAM och röntgenavbildning. Det innebär att alla avbildningar och skanningar är tillgängliga i ett och samma användargränssnitt på ett praktiskt sätt. Tillammans med våra andra **Planmeca CAD/CAM**™-lösningar bidrar Planmeca PlanScan till bättre patientvård och hjälper till att öka klinikens produktivitet,” säger **Jukka Kanerva**, vd för Planmeca Dental Care Units and CAD/CAM. ◀

■ *Planmeca's full range of open CAD/CAM solutions for dentists and dental technicians includes the world's first dental unit integrated intraoral scanner—Planmeca PlanScan. The scanner's unique in-*

This allows them to focus on the treatment area without any distractions. The scanner also provides practical sound guidance to ensure optimal data capture.

Unique foot controlled scanning

What also sets Planmeca PlanScan apart from other scanners is that it can be conveniently controlled from the dental unit's wireless foot control, leaving the user's hands free for scanning and patient

treatment at all times. The foot control allows easy toggling between prep, opposing and buccal views, so that the dentist can focus on scanning without interruptions. Hands-free operation also guarantees impeccable infection control.

Easy and flexible use

Planmeca PlanScan has been designed for an efficient workflow—it is used just like any other dental instrument and shared effortlessly between different users. The plug-

and-play scanner can also be easily installed in different dental units and different rooms. The flexible licensing system enables different CAD/CAM work phases (scanning, designing and manufacturing) to be performed simultaneously by different users.

“This is a truly innovative product that guarantees a smooth and effortless chairside workflow and lets dentists concentrate on their patients. The system is built on our

Planmeca Romexis software platform—the first software in the world combining CAD/CAM and X-ray imaging. This means that all images and scans are conveniently available through one user interface. Together with our other Planmeca CAD/CAM solutions, Planmeca PlanScan contributes to better patient care and helps to increase the clinic's productivity”, says Mr Jukka Kanerva, Vice President for Planmeca's Dental Care Units and CAD/CAM. ◀

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tegration with Planmeca dental units guarantees a smooth workflow, as real-time scanning data is now immediately available from the chairside tablet device. Scanning can also be controlled from the dental unit's wireless foot control for hands-free operation.

A smooth scanning workflow

The ultra-fast and accurate Planmeca PlanScan can now be easily integrated with any digital Planmeca dental unit. Thanks to the dental unit's Full HD tablet device, the dental team has constant and optimal access to live scanning data.

