Doctors rally to offer free care for refugees

RAMZI BARNOUTI is a quiet knight for asylum seekers in Sydney, organising free medical care which they cannot afford and the Federal Government does not offer.

The Iraqi specialist has gathered a small team of pro bono doctors to provide GP, specialist and dental services for between 80 and 100 families on the Red Cross Asylum Seeker Program who do not meet government benefits criteria. He wants drug companies and laboratories to come on board too.

Dr Barnouti, 70, a retired urologist who migrated in December 2005 but was unable to practise here, approached the Red Cross in 2006 and they developed the pro bono scheme together. “I chose refugees because these are people who need help very much,” he said.

“I said ‘just call doctors and they will agree, anywhere in the world, 90 per cent will say yes’.”

Tooth troubles could raise dementia risk

Tooth loss and mouth illnesses may boost the risk of dementia later in life, U.S. research shows.

Of participants “who did not have dementia at the first examination (of annual exams over a 12-year period), those with few teeth -- zero to nine -- had an increased risk of developing dementia during the study, compared with those who had 10 or more teeth. The team offered several possible reasons for this association, including periodontal disease, early-life nutritional deficiencies, and infections or chronic diseases that may result simultaneously in tooth loss and brain damage.

Further research is needed to confirm whether there is a direct link between tooth loss and increased risk of dementia, the researchers said.

“It is not clear from our findings whether the association is causal or casual,” they wrote.

Yogurt May Chase Away Bad Breath

If you’ve tried mints, mouthwash and toothpaste but your breath still offends, maybe you should skip the oral hygiene aisle. Next time, try the dairy case.

In a small study, Japanese researchers have found that eating traditional, sugarless yogurt reduces the malodorous compounds that cause bad breath. It also cuts down on plaque and gingivitis, they discovered.

The study, funded in part by a major Japanese yogurt maker, was presented March 16 at the International Association for Dental Research annual meeting, in Baltimore.

Halitosis, or bad breath, is caused by anaerobic bacteria that feed on the back of the tongue, producing volatile sulfur compounds. One of those compounds, hydrogen sulfide, is the stuff that causes your breath to smell like rotten eggs.

Lead author Kenichi Hojo and colleagues from Tsurumi University in Yokohama, Japan, decided to investigate yogurt because of its effects in preventing gastrointestinal problems and research indicating that regular yogurt consumption reduces the risk of dental decay.

“We are thinking that yogurt must be good for oral health, also,” said study co-author Nobuko Maeda, a professor of microbiology at the university.

Researchers recruited 24 volunteers. Each person received identical instructions for oral hygiene, diet and medication intake. In the initial phase of the study, participants were asked not to consume yogurt or products containing streptococci and lactobacilli, such as cheese and

UAE requires dentists to hire nurses

Private sector dentists in the UAE without a technician or a nurse will be barred from renewing their licence under a new policy set by the Ministry of Health, reported Khaleej Times. Dr Ibrahim Ali Al Qadi, Director of the Private Medical Practice Department at the MoH, said dentists have until April 50, 2008.
Health and physical awareness at Dubai Women's College

Dubai Women's College organized a three-day program focusing on health and physical awareness issues through which students, faculty members, and staff participated in a variety of sports and attended workshops and lectures.

The program included Sports Days organized by the Health and Fitness Department at DWC for the students to experience a variety of sport and recreational activities in order to help them develop their teamwork and sportsmanship skills.

For three consecutive days, DWC's community participated in four tournaments and eighteen different sports activities each day.

All DWC students participated in a fun run and tug of war events were organized at the beginning and the end of the sports days.

Sports offered during the program included Basketball, Tennis, Boccie, Croquet, Volleyball, Table Tennis, Darts/Chess, Soccer, Yoga, Badminton, Mini Golf, Aerobics, indoor Rock Climbing, Swimming, and others.

Several students received medals for winning in the fun run, tug of war, and all tournaments.

DWC strategically integrates sports and activities within its academic curriculum and offers health and fitness activities in order to promote exercise, healthy lifestyle, and well being among its students.

'Students' were able to understand and take a wider variety of team or individual sports and recreational pursuits compared to last year. We start with our students from the very basic sports skills since the majority of them have had limited experience to participate in sports and motor skills before.'

It is very important for us to make them not only understand, but also feel the significance of exercise in their lives and that is why we organized a wide range of activities so they can select the sport they are most interested in practicing, said Suzanne Trease, Chair of the Health and Fitness Department at DWC.

Research participants consumed yogurt made especially for the study. They consumed 90 grams of yogurt, or a little more than 5 ounces, twice a day for six weeks.

Researchers collected samples from the participants' saliva and tongue coatings, and measured volatile sulfide compound concentrations in the air of people's mouths. Those measures showed that, at six weeks, hydrogen sulfide levels decreased in 80 percent of volunteers who had bad breath. 'So we thought two yogurts per day did work for improving (bad breath),' Maeda said.

In addition, plaque and gingivitis were significantly reduced in people with bad breath after the yogurt-intake phase of the study, compared with the initial phase when they did not consume yogurt. However, the authors said there were no noteworthy differences in the number of oral bacteria in the mouths of people before and after eating yogurt.

Bruce J. Paster, senior staff member in the department of molecular genetics at The Forsythe Institute in Boston, suggested that the authors may have been replaced by some 'good' species in the yogurt.

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Medications Plus Dental Materials May Equal Infection for Diabetic Patients

People who live with diabetes on a daily basis are usually instructed to eat right, maintain regular physical activity, and if necessary, take medication. What many may not know is that these medications that help control healthy insulin levels may lead to unexpected events at the dentist’s office. According to a study in the November/December 2007 issue of General Dentistry, the AGD’s clinical, peer-reviewed journal, diabetic patients especially need to communicate special needs to their dentists. This is due to harmful interactions that could occur because of the materials and medications used at dental appointments.

According to the study, more than 184 million people worldwide have diabetes, and health officials estimate that this figure will double or triple in less than 20 years. “It is imperative that diabetic patients inform their dentist of their needs in order to anticipate medication interactions and physical reactions to treatment,” says Lee Shackelford, DDS, FAGD, spokesperson for the AGD. “The doctor must know if the patient is taking insulin, and has taken their daily dose of insulin, in order to anticipate the length of the appointment.”

Teen teeth bleaching

Girls and boys alike, from elementary to high school, are bleaching their teeth.

“Kids are under a lot of pressure, as adults are, to look good, to have white teeth,” says Dentist Dr. David Carroll.

“White teeth just pretty much make everyone seem more attractive. Even if you have straight teeth and they’re yellow they’re still not that nice,” says Patient Taryn Barg.

Don’t be blinded by the white. Dentists warn that children’s teeth aren’t fully developed. Bleaching can make them overly translucent and trigger tooth and gum sensitivity.

“If I ate certain food it would just kind of tingle and it didn’t feel too good,” says Barg.

“There could be extreme tooth sensitivity if it’s used improperly, if it’s kept on the teeth for too long, and if the directions are not followed closely,” says Carroll.

That should be a red flag to parents who may not know their child is using a tooth whitener.

“If the child all of a sudden can’t drink cold water or can’t eat ice cream for some reason that might be an indication that they have started using some of these products,” says Carroll.

To avoid problems, kids who want whiter teeth should see a dentist before starting the bleaching process.

“Get a thorough examination, find out why, what is the cause of discoloration of the teeth. There’s nothing wrong with over the counter methods if they’re done in cooperation with the dentist and if they’re supervised by an adult,” says Carroll.

Taryn admits she’s addicted

“You just like glow kind of, just makes everything about you look nicer,” she says.

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Are graduates of dental school ready for the reality of practicing dentistry? Four out of five dentists don’t think so, according to a survey by The Wealthy Dentist, citing a lack of business savvy and little knowledge of dental practice management.

Many feel that dental school must also fill the role of business school. “Dental school needs really good business courses to help students get started in practice, even if they are going into an employment situation,” opined a Tennessee dentist.

But is business training really within the scope of dental school? “Today’s graduates are not prepared to start a business, but neither were we. Business sense is hard to get in a classroom setting,” observed a North Carolina dentist. “It’s like preparing for parenting: how do you know when you’re ready?”

Though dental technology has advanced rapidly, it’s not clear that dental education has followed. “It has not changed enough in at least the last 25 years. Clinically, dental students have just enough knowledge and experience to provide basic care and hopefully will understand that they need to continue to learn and develop their capabilities,” wrote an Illinois dentist. “There should be some basic business requirement in the pre-dental education, but I don’t see that there is room in dental school to cover this (running a business) in any but the most cursory way.”

Doing well in dental school is no guarantee that a student will become a good clinician. “Dental school prepares you for your board exams, not the real world of dentistry,” commented a New Jersey dentist. “Academically graduates are over-prepared, and clinically they tend to be under-prepared,” agreed a general dentist from Missouri.

Of course, some feel that dental schools provide an excellent education. “Dental school has tried to address issues of practice management, dental insurance issues, and advanced restorative techniques including implants and periodontal surgery,” said a Pennsylvania periodontist.

One Michigan dentist reported being disappointed by his young associates. “I have gone through a few associates. I have a high-tech, high-end practice, and I try to show them all the tricks. They are not only clueless, but they don’t even try—poor confidence level out of school. They want to make the money but they don’t want to work the hours or try to learn the communication and practical skills that today’s public demands... I think that in the future I’m going to charge a training fee!”

“Dental schools might be great, but they’re notoriously bad at addressing business issues,” said Jim Du Molin, dental management consultant and founder of The Wealthy Dentist. “Students learn lots of science and very little about practice management. But how can graduates expect to practice dentistry if they can’t run a dental practice?”

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Arthritis and your Teeth

Having arthritis makes caring for your teeth difficult, but common dental procedures may make matters worse. According to an article in the January/February issue of Arthritis Today, recent studies show an increased risk of developing an arthritis-related condition and suffering a serious complication of another.

Studies found that dental X-rays can trigger Sjogren’s syndrome. Sjogren’s syndrome is an inflammatory autoimmune disease that causes dryness, especially of the eyes and mouth. In addition, Sjogren’s syndrome can cause problems in other parts of the body including joints, the lungs, kidneys, liver, nerves, thyroid gland and skin. Studies show fewer cases of Sjogren’s syndrome in less-developed countries where dental X-rays are uncommon and the disease is not present at all in the least developed countries. Researchers in the Oklahoma Research Foundation say it raises questions about a link between X-rays and Sjogren’s syndrome.

Studies have now shown that the use of bisphosphonates, such as Fosamox or Actonel, for osteoporosis, along with invasive dental work, such as a tooth extraction, may lead to an increased risk of an uncommon but serious complication of osteonecrosis of the jaw. Osteonecrosis is the breakdown and eventual collapse of bone resulting from the loss of blood supply to bone tissue. Symptoms may include pain, swelling or infection of the gums or jaw, gums that are not healing, loose teeth, numbness or a feeling of heaviness of the face, and exposed bone.

Researchers are not sure exactly how bisphosphonates contribute to osteonecrosis of the jaw. Dr Gordon’s video marketing has triggered a lot of feedback. Articles about him and his approach were featured in The New York Times, the International Herald Tribune and the Boston Globe. “One patient even travelled from New York City to my office (about 100 miles) for a root canal because she had read about me in The New York Times and then watched the video on YouTube.”

Reactions from colleagues were mixed. “I got a few dentists, especially some endodontists, that nitpicked the video a bit. Fellow dentists asked me for some tips and liked my technique, so I guess that evens it out. The most gratifying feedback is from people who are in need of a root canal and are helped by the video,” Gordon states.

Dr Gordon plans to further extend his video marketing in the future. Excerpts of his testimonial and clinical videos will be used for TV commercials and radio spots. “We have the capability to have our videos available for news or special interest segments if the need arises,” he concludes.
The head, face, masticatory system and head and neck region are common sites in which pain is experienced. Many conditions present similar signs and characteristic patterns that may lead to diagnostic confusion and ultimately misdiagnosis. Defined, validated classification systems relating to the multiplicity of painful entities can significantly improve the diagnostic outcomes. Due to the rapid advances in our knowledge and improvements in diagnostic systems, the majority of TMDs are extracapsular in nature (arthrogenous). The majority of TMDs are associated with temporomandibular joint pain and dysfunction. This article will provide clinical guidance for the musculoskeletal system, and cervical region are affixed. The head, face, masticatory system, and cervical spine are often affected. The individual variations and symptoms are not currently defined. One set of diagnostic criteria does not exist.

For example, the inclusion criteria for a clinical trial might require the presence of all criteria in diagnosis. For example, a clinical diagnosis might require the presence of only a few. These criteria are meant only to provide clinical guidance for diagnosis. Final diagnostic decisions must be based on the judgment of the health care professional. This article will provide the reader with a review of the most accepted diagnostic classification system related to temporomandibular disorder (TMD).

It is generally recognized that two basic categories of TMD exist, extracapsular (myogenous) and intracapsular (arthrogenous). The majority of TMDs are extracapsular in nature; however, it is not uncommon for these two basic categories to co-exist.

Masticatory muscle-related conditions are found to be the most common subgroup of TMD. The current understanding of the complexity and the dynamic relationship between the masticatory and cervical muscle function enables the clinician to better assess the condition(s) possible etiologies. These classification systems and demands placed on the system, as well as normal function while awake or sleep, are true.
Although the concept of natural progression has been suggested, there is currently no convincing evidence that TMJ clicking typically progresses to an occlusal derangement, or that an articular derangement must always develop. Some studies have demonstrated a natural physiological remodeling process.

Diagnostic criteria include: reproducible joint noise usually at the time of opening and closing, soft-tissue imaging confirms a displaced disk that is reducible both on palpation and hard tissue imaging will demonstrate absence of excessive degenerative bone changes. Pain may be precipitated by joint movement and deviation during movement coinciding with a click.

Disc displacement without reduction, or “closed-lock,” is described as an altered or misaligned disc-condyle structural relationship that is maintained during the joint opening phase. It is characterized by a lack of joint noise and limited jaw movement due to a secondary mandibular deflection to the affected side (if bilateral), soft tissue imaging reveals disc displaced without reduction and hard tissue imaging reveals degenerative osteoarthritic changes.

Patient may experience pain precipitated by forced mouth opening (clenching), which is relieved when the joint was ceased with the occurrence of locking, ipsilateral hyperocclusion (during acute stage) and occasionally hard-tissue imaging can reveal moderate or severe changes. Mild progression of the disease during relatively few years cannot be excluded. In recurrent cases progressing to a non-reducing stage, but almost all the cases will be diagnosed as disc displaced according to disc cases developed structural bone changes.

Joint dislocation, or “open-limit,” is a condition where the disc-condyle and usually the disc position anterior to the articular eminence. Such case can return to a closed position without a specific manipulation. Elevator muscles activity and/or a true hyperextension of the disc-condyle complex may be responsible for the patient’s difficulty in returning to a normal position. A temporary dislocation that can be reduced by the patient is referred to as subluxation. Patient usually reports a history of noise and limited range of motion (hypermobility) that is maintained during the joint opening phase. The time at which dislocation with mild residual pain after the episode. Radiographic evidence reveals the condyle with the eustachian more than the eminence. The most common condition associated with joint dislocation is to consider fracture.

Inflammation conditions can occur as localized synovitis, capsulitis or retrodiscal tissue or osteoarthritis. Synovial tissue that can be due to infection, an immunologic condition secondary to articular degenerative

Osteoarticular (secondary) is a degenerative non-inflammatory condition of the joint characterized by deterioration and abrasion of the articular cartilage and concomitant remodeling of the underlying subchondral bone due to overload on the remodeling mechanisms. It is considered as a primary and secondary non-inflammatorv articular condition. A prototype of the primary and secondary osteoarticular condition is clinically significant because it may represent the first stage of treatment

Osteoarticular (primary) is a degenerative non-inflammatory condition of the joint characterized by deterioration and abrasion of the articular cartilage and concomitant remodeling of the underlying subchondral bone due to overload on the remodeling mechanisms. It is considered as a primary and secondary non-inflammatory articular condition. A prototype of the primary and secondary osteoarticular condition is clinically significant because it may represent the first stage of treatment.

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Treatment must be rendered on a case specific basis depending on the degree of inflammation, pain, and/or dysfunction. The most common differential diagnoses to consider include: osteoarthritis, polyarthritis, or a specific manipulation. Electrotherapy, or “open-limit,” is a condition where the disc-condyle and usually the disc position anterior to the articular eminence. Such case can return to a closed position without a specific manipulation. Elevator muscles activity and/or a true hyperextension of the disc-condyle complex may be responsible for the patient’s difficulty in returning to a normal position. A temporary dislocation that can be reduced by the patient is referred to as subluxation. Patient usually reports a history of noise and limited range of motion (hypermobility) that is maintained during the joint opening phase. The time at which dislocation with mild residual pain after the episode. Radiographic evidence reveals the condyle with the eustachian more than the eminence. The most common condition associated with joint dislocation is to consider fracture.

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Google rivals Microsoft with new personal medical record service

Reuters

ORLANDO: Google has unveiled a new plan for patients who want to gain control of their medical records. At the 2008 Annual Conference of the Healthcare Information and Management Systems Society in Florida, USA, Chief Executive Eric Schmidt said that his company has signed deals with leading US hospitals and medical companies, such as Aetna Inc and Walmart Stores Inc pharmacies, to help them securely share sensitive health data.

Schmidt said it would likely be a few months before Google Health is offered widely. The password-protected web service will store health records on Google computers, with a medical services directory that lets users import doctors’ records, drug history and test results. Google aims to foster sharing of information between these services, but keep control in patients’ hands, allowing them to schedule appointments or refill prescriptions. Schmidt said that his company has no plan to sell ads on the new service and aims to make money indirectly when users search for other medical information.

Earlier this year, Google announced it will team up with a leading academic medical research clinic, Cleveland Clinic, to test a data exchange that puts patients in charge of records. Many other companies—such as IBM, Oracle Corp and Siemens—have already worked on such digitization and Google’s biggest rival, Microsoft, has recently introduced HealthVault, a hub to collect, store and share personal medical information on the internet.

While medical providers are covered by US privacy laws, there is little in the way of established privacy, security and data usage standards for electronic personal health records. Google said it is prepared to resist fishing expeditions by lawyers seeking to subpoena personal medical records stored on Google Health. Last year, it went to court to defeat an effort by the US Justice Department to request some Google search records. “We’ve taken a pretty aggressive position in a pro-consumer way in the US, but I do want to assure you we are subject to US law,” Schmidt said.

Schmidt said Google Health is designed to foster sharing of information without allowing outside users to see medical records directly. It will also allow patients to set up the service themselves, rather than having to go through their doctor.”We’re making it as easy for patients to use this service as practicable,” Schmidt said.

Google is also working with leading companies to help them set up their own medical data services. "We are not going to own the network, and we are not going to own the data, but we are going to offer the tools to help them do that,” Schmidt said.

DT
LEIPZIG: Dentists in affluent, high-priced markets, such as North America, Japan, Australia, and Western Europe may need to keep an eye on overseas and cross-border competition in the form of dental tourism.

A dental tourism survey by RevaHealth.com, a medical and dental tourism search engine in Dublin, Ireland, claims "high levels of satisfaction" among dental tourists it polled. "Patients who traveled abroad to receive treatment revealed an average satisfaction rating of 84 per cent, along with an average cost saving of US$6,400, or 60 per cent of the cost of their treatment locally," the company says in a release.

More than 95 per cent of respondents to RevaHealth.com’s survey cited cost as the main reason they opted to receive dental treatment abroad. However, they listed quality as the deciding factor in determining which clinic they went to.

“Patients reported wide variations in the amount of the money they saved and in the abilities of certain clinics to communicate effectively,” RevaHealth.com says. “There were also variations in satisfaction between countries as a whole, with patient satisfaction highest overall for clinics in Hungary, Poland and Thailand.”

Thailand has recently become one of the most popular destinations for medical tourists in Asia, earning the country more US$1 billion a year. The Thai government has invested in many areas of the country’s burgeoning medical tourism market, from speeding visa clearance for patients to guaranteeing the highest standards through accreditation programmes. According to RevaHealth, 90 per cent of Australian dental patients that go abroad are visiting the country for treatment.

New survey claims high satisfaction with dental tourism worldwide

Figures reveal high patient rating for clinics in Thailand

Oral flu vaccine under development

SEUL: Physicians and dentists may soon be able to vaccinate patients against the flu and other illnesses. Researcher Song Joo-Hye and her colleagues at the International Vaccine Institute (IVI) in Seoul have found that sublingual administration of an experimental flu vaccine is highly effective in protecting mice from influenza virus infection. When the flu vaccine was applied under the tongue, the animals developed robust immune responses in their lungs and were fully protected from the disease when later exposed to a more severe form of the influenza virus.

The study is based on a earlier study, conducted by the IVI in collaboration with the National Institute for Health and Medical Research in France and the Gothenburg University in Sweden. In addition to offering a convenient and safe way to deliver vaccines without needles, scientists in that study found the sublingual route helps to overcome the degradation of antigens during their transit through the gastrointestinal tract, and failudere to induce strong immune responses in the respiratory tract — the two main drawbacks of orally administered vaccines. “Moreover, the findings suggested that this method of vaccine administration poses no risk of antigen redirection to the central nervous system, which is a potential risk of administering influenza vaccines intranasally,” added Dr Kweon Mi-Na, chief of the IVI’s mucosal immunology laboratory.

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Oral flu vaccine under development

“These studies provide a basis for further human testing of this alternative form of needle-free vaccination,” said Dr. Cecil Czerkinsky, IVI Deputy Director-General for Laboratory Science. “Aside from its convenience, sublingual vaccination appears to disseminate immunity to a broader range of organs than the classical routes of injecting or ingesting vaccines.” If these findings are replicated in humans, they could pave the way for the development of a new generation of vaccines that could be used for mass vaccination against respiratory infections, including the pandemic avian-human influenza viruses.

Dr. John Clemens, IVI Director-General said, “These studies are important milestones for the IVI. Sublingual vaccination is an entirely new approach to the delivery of vaccines; this approach offers the possibility of vaccinating against a variety of infections without the risks posed by delivering vaccines with needles.”

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Reach for Beverly Hills Formula Natural toothpaste and discover the benefits of Aloe Vera and Echinacea’s natural gum protection. The Beverly Hills Formula Natural toothpaste not only prevents gum disease by controlling the amount of plaque that builds up on teeth but also, by nourishing and strengthening gums, fighting plaque, re-mineralising and hardening tooth enamel for cavity protection. It also leaves your breath smelling fresher.

Aloe Vera is proven to strengthen the body’s defensive system and contains various ingredients which can help to protect against periodontitis and other diseases that can start in the mouth. Echinacea on the other hand acts as an effective ingredient against bacteria and viruses. Green Tea extracts have adverse effects on the bacteria that cause dental caries and other infections. Q10 protects against periodontal decline, decreases decay as well as healing gums whilst naturally combating the causes of plaque, tartar, bad breath, cavities and gum problems. Purify Laboratories have developed gentle Natural toothpaste with excellent whitening power and no artificial colouring or flavours, nor does it contain SLS (Sodium Lauryl Sulphate). Laboratory studies prove that the Natural formula is less abrasive than other leading brands of both whitening and regular toothpaste. Beverly Hills Formula Natural contains Xylitol – which substantially helps to fight plaque (as shown in clinical studies), a cause of gum disease, tooth decay and bad breath. A regular Xylitol consumption resulted in a “highly significant” reduction in cavities of 55% to 60% and a decrease in dental caries (ranging from 50% to 60%). The long-lasting natural mint flavour freshens your mouth each time you brush. The Beverly Hills Formula Natural whitening toothpaste holds the natural key to your smile and is gentle on teeth and gums.

For further information, please visit www.beverlyhills-formula.com.
higher bond strength. iBOND® to provide simpler application, ahus Kulzer, has been improved colleagues. Ninety-five percent introduction in application steps. Ninety-three percent of the testers – dentists from many different countries.

A sole operator can complete a comprehensive examination in less than 12 minutes, and then present the patient with a printed report to take home with full details of his or her periodontal disease.

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The first ever all-in-one dental adhesive, iBOND® from Heraeus Kulzer, has been improved to provide simpler application, better marginal sealing and

higher bond strength. iBOND® Self Etch etches, primes, bonds and desensitises in just one step with the application of one single layer.

According to David Miller, Managing Director, Heraeus Kulzer Limited, “The new adhesive is a further development of the first ever all-in-one bond, originally launched in 2003. The highest strength one-bottle one-step adhesive currently available, iBOND® Self Etch is also even easier to use and even more reliable than its predecessor”.

iBOND® Self Etch, has been highly rated by more than 15 international universities and 350 testers – dentists from many different countries.

Ninety-three percent of the testers agree that the product was easy to use and saved a lot of time due to the reduction in application steps. The majority of testers were impressed with the new adhesive and would use it in their own practice. Ninety-five percent would recommend it to their colleagues.

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The Mectron Piezosurgery II, from General Medical, is the safe way to cut bone and other mineralised tissues without any risk to adjacent soft tissues. It has built-in programmes for bone surgery (bone Types D1 – D3 plus “Special”) together with one-touch power settings for Perio and Endo inserts, variable fluid control and an automated cleaning cycle.

Piezosurgery II has the widest range of insert tips for all types of bone cutting and harvesting. It can be used in oral surgery, implantology, surgical orthodontics, endodontics and periodontology. Its modulated ultrasounds ensure that no damage occurs to soft tissue increasing the safety level of intra-oral surgery in such procedures as sinus lifts and nerve transpositions as well as in less complex cases.

For further information visit www.generalmedical.co.uk or email info@generalmedical.co.uk

Dr. Barter chose Kodak Dental Systems, ILUMA Ultra Cone Beam CT Scanner from PracticeWorks because, “The Iluma has the full volume necessary for planning the larger cases that we deal with. Where required, reconstruction can be limited to a user-defined region of interest at 0.09mm voxel size.

“The Iluma integrates with commercially available planning software packages, offers a comprehensive suite of software tools, and integrates with CNC prepared template processes and much more!” Dr. Barter continued, “The level of customer service from PracticeWorks was exemplary.

For further information please visit the website www.kodak.co.uk/dental.

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Specialist in Oral Surgery, Dr. Steve Barter runs a multidisciplinary specialist clinic, Perlan Specialist Dental Centre in Eastbourne (www.perlan.co.uk). The practice deals with implant cases of all levels of complexity, with a large emphasis on complex cases requiring pre-implant placement alveolar reconstruction.

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Hitting first base

Ian Stead outlines the four key areas new practice owners should focus on during their first year in practice, so as to avoid common pitfalls and ensure growth and increased profitability

Reassuring your team

Your staff plays a vital part in your practice. They are also often the last to know about any sale to a new dentist, so may need reassurance with respect to their employment status and any changes you may wish to make. It’s a good idea to hold one-to-one meetings with each member, and that any major changes you may wish to make are introduced gradually and after the team is used to working together.

The team will have legal protection of their employment terms, under TUPP regulations, which means you can’t vary their terms and conditions without consultation and agreement. However, you should issue them with updated employment contracts if you purchase the practice as a sole trader or partnership.

New contracts should also be issued to any inherited associates, which means you can’t vary their terms and conditions without their agreement. For example, your reception team should inform patients about changes to payment methods carefully.

Often, less popular changes, such as this, are best implemented at a time when more positive alterations are being made, such as practice refurbishment or the development of new services in the practice. You should also begin to collect information on how many new patients register with the practice each month, and where they heard about you. This will allow you to begin planning your marketing plan for the forthcoming months.

Nurturing your clients

Patients can often be sensitive to change and if you want their attendance at the practice to continue, you should handle informing them of the new ownership carefully.

It is also important to inform them of any new policies that will affect them. For example, your reception team should inform patients about changes to payment methods carefully.

By having systems in place to regularly provide you with this information, you will always be able to keep track on all of the performances within the practice. It is also worth monitoring chair occupancy levels, IT lateness cancellation costs to the practice.

Stationery and marketing

Obviously there are some areas that will need attention fairly quickly, such as practice stationery and name plates, for example, but in the long term you may also wish to review areas such as the patient information brochures and the practice’s website. The quality of information you provide to a patient can say a lot about the quality of service and care you deliver, and should not be underestimated.

When considering the marketing initiatives you may wish to undertake, it is wise to look at previous activities and the results generated. A good starting point for this planning is to collate information on how patients came to hear about the practice, and how many of them become regular attendees. This information will help you identify where your money will provide you with the best return for your investment.

Looking at ways to develop the team in promoting the various options available to patients, as well as providing a range of literature and posters in the practice, will help you to market your services to your existing patient base.

Strategy and planning

As well as all the areas you need to consider and systems you need to implement to manage your business effectively in the first year and beyond, it is always important to take time out to plan exactly what you want to achieve in the forthcoming year and to regularly review whether you are on target to achieve your longer-term vision or goal.

This may take the form of an initial three-year plan, broken down into more manageable 12-month targets, however these targets should always be measurable and fit into your overall 5-year plan.

Monthly management review meetings, as mentioned in the systems section, will provide you with all the relevant information to ensure you are on track to hit your targets, or at least highlights areas that may need attention.

Often this is a neglected area, and many principals are only aware of the true state of their practice finances once the accountant finalises their year-end. As this often occurs when the new financial year has already begun, change may not become effective for many more months after that, and sometimes not even within that fiscal year.

Without any strategic plan, or the means to analyse the areas of your practice that will directly influence your business growth, how will you know if your practice is fulfilling its potential?

About the author

After graduating from Imperial College, London in 1980, with a BSc Hons in Zoology Ian Stead, joined Rentokil PLC Pest Control Division under a graduate recruitment scheme, to become sales manager of its west London branch. In 1993, he went on establish an independent pest control company in London, which was sold in 2004. As the son of a dentist, Ian possessed some empathy with dentists and dentistry. It was with this understanding and his experience running successful businesses, that Ian joined Frank Taylor & Associates in April 2006 as managing director.
Dentistry has become so exciting and challenging since predictability has been recognized for long-term dental implant and restoration success. As the number of patients selecting dental implants as a treatment option continues to grow, the dental team must accept the challenges of maintaining these sometimes complex restorations.

Proper monitoring and maintenance is essential to ensure the longevity of the dental implant and its associated restoration through a combination of appropriate professional care and effective patient oral hygiene. The value of using conventional periodontal parameters to determine peri-implant health is not clearly evident in the literature. Therefore, it is paramount that the dental implant team understands the similarities and distinctions between the dental implant and the natural tooth. Subsequently, by examining the similarities and differences between a natural tooth and a dental implant, basic guidelines can be provided for maintaining the long-term health of the dental implant.

Direct anchorage of alveolar bone to a dental implant body provides a foundation to support a prosthesis and transmits occlusal forces to the alveolar bone. This is the definition of osseointegration. With the increased acceptance of dental implants as a viable treatment option for the restoration of a partially edentulous or edentulous mouth, the dental team is faced with maintaining and educating those patients.

Recently, the focus of implant dentistry has changed from obtaining osseointegration, which is highly predictable, to the long-term maintenance health of the peri-implant hard and soft tissues. This can be achieved through appropriate professional care, patient cooperation, and effective home care. Patients must accept the responsibility for being co-therapists in maintenance therapy, so the dental team essentially must screen the potential implant patient. Diagnosis and treatment planning based on a risk-benefit analysis should be performed subsequent to a thorough medical, dental, head-and-neck, psychological, tempramandibular disorder and radiographic examination.

There is convincing evidence that bacterial plaque not only...
leads to gingivitis and periodontitis, but also can induce the development of peri-implantitis. Thus, personal oral hygiene must begin at the time of dental implant placement and should be modiﬁed using various adjunctive aids for oral hygiene to effectively clean the altered morphology of the peri-implant region before, during, and after implant placement. For instance, interproximal brushes can penetrate up to 5 mm into a gingival sulcus or pocket and may effectively clean the peri-implant sulcus. In addition to mechanical plaque control, daily rinses using 1% chlorhexidine gluconate or Listerine provide a welcome adjunct.

Hygiene with dental implants is so tedious and critical to their long-term success that the patient and dental professional must exercise considerable effort. During the maintenance visit, the dental professional should concentrate on the peri-implant tissue margin, implant body, prosthetic abutment to implant collar connection, and the prosthesis.

Clinical inspection for signs of inﬂammation, ie, bleeding on probing, exudate, mobility, pocket probing, and a radiographic evaluation of the peri-implant bone housing still re­mains the standard mode for evaluating the long-term status of endosseous dental implants. For instance, successful and stable endosseous dental implants exhibit no mobility. But, if there is clinically perceptible mobility, then subsequent to radiographic evaluation of the implant and its surrounding bony housing, the attachment retaining screw, and/or prosthetic abutment col­lar interface should be examined for looseness or breakage.

All these modes of clinical as­essment are used routinely, ex­cept for peri-implant probing around peri-implant tissues that appear to be in a state of good health, the baseline data and data from subsequent recare visits should be recorded in the daily progress notes to properly assess the peri-implant status longitudi­nally.

Subsequent to a thorough in­troral examination, unless there is visual evidence of soft tissue changes, ie, inﬂammation of peri­implant tissue with even slight at­tachment loss or mucositis, rou­tine probing of the peri-implant tissue should not be performed.

Usually during the first year subsequent to restoring dental implants, a 5-month recare schedule should be imple­mented, especially if the patient lost teeth because of periodontal disease. But if after 12 months, the patient’s implants are stable and peri-implant tissues are healthy, then a 4-6 month recare regimen can be implemented. However, be cognizant of each patient’s level of home care ef­fectiveness, systemic health, and periodontal status of the peri-im­plant tissue when determining these recare intervals.

With dental implant patients, the dental professional must evaluate the prosthetic compo­nents for plaque, calculus, and the stability of the implant abut­ment. Radiographs of dental im­plants should be taken every 12 to 18 months to record these main­tenance visits. For dental implant restoration, even when a screw re­tained, the dental professional needs to remove the prosthesis at least once a year to more easily assess the status of the peri-implant’s hard and soft tissues, the existence of acceptable mobility of the prosthetic components or the implant fixture itself, and the patient’s level of home care ef­fectiveness. Remember that the presence of any symptoms of in­fection, radiographic evidence of peri-implant bone loss, and/or neuropathies may be indicative of an ailing or failing implant.

Implants vs natural teeth

It is essential to understand the periodontal relationship be­tween the gingiva and the struc­ture it attaches to be it a natural tooth or an implant. (Fig. 1 and 2) The fiber orientation of the gingival cuff around a natural tooth attaches perpendicularly to the long axis of the tooth. (Fig. 1) This acts as a barrier when inser­tion of a periodontal probe within the sulcus causes the tip ad­vances apically till the tip con­pects the periodontal fibers and is halted. Fiber orientation is not seen around implants. With an implant the gingival fiber ori­entation is parallel to the im­plants long axis. (Fig. 2) When a periodontal probe is inserted into the sulcus around an implant the probe tip advances passing be­tween the fibers of the gingival cuff till the crestal bone prevents it from further advancement.

The peri-implant mucosal seal may be sheared away to a greater extent than the natural teeth. This results in an interface that is less vascularizable in the gingival tissue surrounding dental implants com­pared to natural teeth. This re­duced vascularization concomitant with parallel-oriented collagen ﬁbers adjacent to the body of any dental implant make dental implant tissues more vulnerable to bacterial in­fection. During recare appoint­ments, peri-implant periodontal probing should be performed only where signs of infection are pres­ent, ie, exudate, swelling, bleeding on probing, inﬂamed peri-implant soft tissue, and/or radiographic evidence of peri-implant alveolar bone loss. Lastly, routine peri­odontal probing of dental implants should not be performed, because this procedure could damage the weak epithelial attachment around dental implants, possibly creating a pathway for the ingress of periodontal pathogens.

Commericially available plastic: probes should be used when in­vestigating the crevicular depth around dental implants. The probing depth around dental implants may be related closely to the thick­ness and type of mucosa surround­ing the implant. A healthy peri-im­plant sulcus has been reported to range from 1.5 to 3.5 mm, which is greater than those depths reported for natural teeth. In essence, the best indicator for evaluating an unhealthy site would be probing data gathered longitudinally.

For all of these reasons, per­sonal home care and consistent monitoring must be maintained to prevent it to the success and longevity of endosseous den­tal implants. This is especially true in an environment with adjacency to an ailing or failing implant af­fected by periodontal disease, could act as a reservoir for patho­genic bacteria, gram-negative anaerobic rods, and seed peri-implant sulcus.

The physical characteristics of the peri-implant soft tissue are the focus of all oral hygiene in­struction. The presence or ab­sence of keratinized tissue in this critical area has not been un­equivocally documented to state that peri-implant tissues are more vulnerable to the ingress of pathogenic bacteria with or with­out keratinized tissue present around dental implants. How­ever, the ability of the patient to maintain good home care around dental implants is facilitated by the presence of keratinized tissue around the implant fixture. Thus, if a patient has no keratinized tissue around an implant, and a pull test demonstrates a peri­implant mucositis exists, then placement of a soft tissue appo­nent can be considered, as ker­atinization of soft tissue around an implant is a critical factor in the onset of peri-implantitis. Keratinized tissue is the result of regular plaque control, which removes the biologic barrier that prevents bacterial invasion of the peri-implant sulcus.

Specific criteria for obtaining clinical data around dental im­plants that would allow proper monitoring and detect early possible failure of the implant fixture. This has not been clearly defined. Presently, the presence of mobility is the best in­dicator for diagnosis of implant failure. As opposed to natural teeth, dental implants exhibit minimal clinically undetectable movement because of the ab­sence of a periodontal ligament. Therefore, healthy implants should appear nonmobile, even in the presence of peri-implant bone loss, if an adequate amount of sup­porting alveolar bone still exists.

When monitoring the health of the peri-implant soft tissues, the practitioner should be cog­nizant of changes in soft tissue color, contour, and consistency. The presence of a fistulous tract could indicate the presence of a pathologic process or implant fracture.

Bleeding

There is controversy in the liter­ature as to the accuracy and sig­niﬁcance of bleeding on probing around dental implants. Presently, the literature advo­cates the use of bleeding on prob­ing as an indicator of peri-implant disease, because it can occur prior to histologic signs of inﬂammation or concurrently with other signs of implant failure, ie, bone loss. However, as previously men­tioned, routine probing is not rec­ommended.

Radiographic evaluation

Radiographic interpretation is one of the most useful clinical para­meters for evaluating the status of an endosseous dental implant. The rationale for this decision is based on the investigation of an air polisher and baking soda. The rationale is that this metal is so con­ductive of bacterial plaque than the peri-implant status logitudi­nally. The baseline data and data gathered longitudinally are used to evaluate the patient’s implants and monitor for early stages of infection.

Professional cleaning instrumenttion

Instruments made of metal, such as stainless steel, should be limited to natural teeth and not to be used to probe or scale dental implants. The rationale for this is that a well-documented and spoken conclusion is that this metal is so hard it can scratch, contaminate,
or cause a galvanic reaction at the implant-abutment interface.

Ideally, hand periodontal scalers for cleaning dental implants can be plastic, Teflon, gold-plated, or made of wood (Figs. 5 and 6). When using gold-plated curettes, the manufacturer recommends not sharpening these hygiene instruments, as the gold surface could be chipped exposing the hand metal underneath this coating. Stainless steel scaling instruments may abrade the implant surface, stripping off any surface treatment such as hydroxyapatite (HA) as the instruments hardness is greater than the titanium alloy the implant is fabricated from. (Fig. 7)

Other cleaning armamentarium contraindicated for use with dental implants are air powder abrasive units, flour or pumice for polishing, and sonic and ultrasonic scaling units. Ultrasonic, piezio or sonic scaler tips may mar the implants surface leading to microroughness and plaque accumulation. The stainless steel tip may also lead to gouging of the implants polished collar. (Fig. 6) However, some clinicians advocate using a sonic instrument with a plastic sleeve over the tip for scaling dental implants. Air powder polishing units may also damage the implant surface and should be avoided during hygiene appointments. (Fig. 9) Even the use of baking soda powder in these units may strip off any surface coating on the implant. Additionally, the air pressure may detach the soft tissue connection with the coronal of the implant leading to emphysema.

Titanium or titanium alloy surfaces of dental implants can be polished using a rubber cup along with a nonabrasive polishing paste or a gauze strip with tin oxide. Not only is the hygiene armamentarium important, but so are the home care techniques used to maintain endosseous dental implants. Patients should be taught the modified Bass technique of brushing using a medium-sized head, soft-bristled toothbrush. The use of intradental brushes should be used by implant patients after being shown their proper use. The plastic-coated wire brush is the only type to be used with dental implants to clean and not scratch the implant surface. (Fig. 10)

Recently, automated mechanical toothbrushes have been advocated as a daily mode of tooth cleansing. These devices may be a rotary, circular, or sonic type. With these home care instruments, the key to their effectiveness is proper instruction on their use and then diligent daily use by the implant patient.

As with natural dentition, adjunctive cleaning aids such as flossing are still valuable. As with dentate patients, an implant patient’s home care requirements should be individually tailored according to each patient’s needs. Individual needs are based on the location and angulation of the dental implants, the position and length of transmucosal abutments, the type of prosthesis, and the dexterity of each patient.

The other popularized type of cleansing device is the use of oral irrigators with or without the addition of antimicrobial solutions. Also, oral rinses with antimicrobial properties such as Listerine or chlorhexidine have been widely advocated throughout the literature.

Summary

During the infancy years of dental implantology, the emphasis for long-term success of osseointegrated implants was the surgical phase of dental implantology. In the years that followed, the emphasis for success had switched from a purely surgical influence to focusing more on the proper fixture placement which would be dictated by the prosthetic and aesthetic needs of each particular case.

In more recent years, the dental professional has recognized professional implant maintenance and diligent patient home care as two critical factors for the long-term success of dental implants. The microbiota and clinical presentation of peri-implantitis is the same as periodontitis around a natural tooth.

A complete list of references is available from the publisher.

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FRESH BREATH 24h
Sultan Healthcare launches three new remineralization products

New Jersey—Sultan Healthcare, a manufacturer of dental materials and infection control products since 1872, has announced the introduction of three remineralization products.

They include ReNew Remineralizing and Desensitizing Paste, DuraShield Plus 5% Sodium Fluoride Varnish and VitalMin Tooth Root Desensitizer.

Each of the new products contains NovaMin—a clinically proven substance providing sensitivity relief that goes beyond current ACP and CPP-ACP technology.

"Not all remineralization products are the same," said Carey Lyons, executive vice president of Sultan Healthcare. "Our products, powered by NovaMin, have real claims and benefits that make clinical sense. It really is a new era in sensitivity treatment and we’re very excited to bring these products to market."

NovaMin is a compound made from elements found in healthy bones and teeth: calcium, phosphorus, silica and sodium (Ca, P, Si and Na). Together, they create an ion balance for tooth remineralization.

"NovaMin actually creates the natural conditions for rapid remineralization by amplifying the natural, protective and repair mechanisms for teeth and gums," said Lyons.

Each microscopic NovaMin particle delivers Ca, P, Si and Na. When exposed to moisture, the particles instantly release billions of mineral ions, forming a hard and strong hydroxyapatite layer on tooth dentin and enamel. This repairs lesions that cause sensitivity.

According to company officials, NovaMin is the power behind its three new products—all of which occlude tubules, remineralize surface lesions, help protect enamel against acid attacks for up to seven days, and can be used to treat patients with xerostomia that results from age, medication, immunosuppression, radiation, and chemotherapy.

The products are designed for a variety of applications:

ReNew Remineralizing and Desensitizing Paste: There is no need to brush twice with ReNew. A single application provides 1.1 percent neutral sodium fluoride, a dentifrice and remineralize—all in one. ReNew contains 5 percent NovaMin and can be used in-office or as an at-home treatment for sensitivity.

DuraShield Plus 5% Sodium Fluoride Varnish: With 5 percent sodium fluoride and 10% NovaMin, DuraShield Plus is indicated for patients with sensitivity and high caries risk, orthodontic patients, exposed root surfaces and dental erosion or abrasion. It contains 22,800 ppm—the highest concentration of topical fluoride on the market. It is available in a natural A1 tooth shade. DuraShield sets on contact and stays on teeth for up to eight hours, providing remineralization and sensitivity relief.

VitalMin Tooth Root Desensitizer: Containing 100 percent NovaMin and water, VitalMin provides instant, in-office relief for post-scaling, root planning, postsurgical tooth sensitivity and other periodontal procedures. VitalMin remineralizes and desensitizes at the root surface, treating sensitivity at its cause, and hardens the dentin surface for better resistance against abrasion and erosion. By design, it contains no flavorings, bindings or other ingredients that might reduce its desensitizing properties. VitalMin comes in an easy-to-use standard syringe, and takes only two minutes for a full treatment.

To help introduce the new line, Sultan Healthcare is providing dentists, periodontists and hygienists with information, training modules, free product samples, and a robust portfolio of clinical studies at Sultan Healthcare. The products are set for release in early 2008.
AOIA International Implantology Congress "Broke the ICE"

".... the key to success is to keep love in the air".

Prof. El-Attar President AOIA

To see your dream come true, or the thoughts in your head become a tangible reality is an indescribable feeling and an overwhelming emotion. This is how we felt here in Alexandria, Egypt when we held the AOIA7th inter-national congress. The Alexandria oral implantology association started holding its biannual congress since 1997, each and every time we had a message to deliver. This year the congress was held under the theme of "Break the ICE" in an attempt to cross the barriers and solve the dilemma between implants, CAD-CAM, and esthetics. Knowing that we had to keep pace with the modern technology all over the world we chose these three aspects because they are becoming the most regarded issues in dental practice nowadays, especially the CAD-CAM technology which despite the fact that it’s been progressing over years, is still regarded as something vague or unclear.

I was lucky enough to get to be part of this marvelous event and I consider it as something remarkable to talk about thoughts bigger than any-thing accomplished before. I can never imagine how everybody felt about preparing such an event, everyone felt responsible and honestly wanted to surpass anything accomplished before. We were determined and persevered no matter what it took.

Prof. El-Attar president of the AOIA summed everything up when he told us that the key to suc-
cess is to keep "love in the air." You can never imagine how everybody felt about preparing such an event, everyone felt responsible and honestly wanted to surpass anything accomplished before. We were determined and persevered no matter what it took.

Last and not the least I want to whole-heartedly thank everyone who participated in this event and to all my colleagues and fellows I would say that I should keep you all in my heart along with all the memories that we shared to-gether. See you in 2010.

Sarah M.M.Kamal