

# THE DIFFERENCE

editioneight

Enter our dental skills competition



THE ROYAL COLLEGE  
OF SURGEONS OF  
EDINBURGH

Cavitron® – a hygienist's best friend



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Find out more about our  
DENTSPLY accredited dental  
equipment service centre –  
see page 22

## DENTSPLY

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CPD COURSES  
DETAILS INSIDE

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We understand that CPD is important to you, so in this issue of The Difference we have highlighted a number of webinars related to the articles and features inside, all of which can be found in the comprehensive DENTSPLY Academy archive.

But it doesn't end there. As in previous editions, The Difference can earn you verifiable CPD hours too. All you need to do is read through the articles, case studies and research data inside this issue and then go to [dentsplyacademy.co.uk/thedifference8](https://dentsplyacademy.co.uk/thedifference8) to answer a few simple questions. If you get all of the answers correct, you will receive an electronic CPD certificate for 2 hours of verifiable CPD.

If you haven't yet joined the DENTSPLY Academy, registering is simple and straightforward and will give you access to over 70 hours of CPD and the opportunity to register for our live webinar series. Visit [dentsplyacademy.co.uk](https://dentsplyacademy.co.uk)





# Welcome to the autumn/winter edition of The Difference



Olivier Collet, General Manager, DENTSPLY UK & Ireland

2015 has so far been an exciting year for DENTSPLY.

We launched our new WaveOne® GOLD product, a ground-breaking new generation of reciprocating file. You can read more about it on pages 8 and 9 from world renowned endodontist Julian Webber who was also one of the original key opinion leaders involved in the initial development of the file.

We also reveal our new, advanced Cavitron® Insert Wear Check, which is a free of charge service offered by our DENTSPLY Sales Specialists. As part of the Cavitron Health Check, an innovative app is used to accurately measure the insert tip and then analyse whether it is working efficiently or if it needs replacing. Find out more on pages 16 and 17.

Inside this edition of The Difference we have some fascinating clinical studies to share with you. On page 10, Dr Peet van der Vyver and Dr Michael J Scianamblo scrutinise the 'precession' or swagger that the ProTaper® Next instrument provides and explain the difference this makes to the performance of the file.

On pages 14 and 15, Dr Vicky Ehlers provides much insight into the advantages of using SDR in Paediatric Dentistry.

On pages 18 and 19 we have a special interview with experienced hygienist, Karen Walker, who talks to us about the role ultrasonic scaling and air polishing play in subgingival debridement to improve periodontal disease.

I'd like to round off my welcome with a special announcement. DENTSPLY is proud to announce, along with the Royal College of Surgeons of Edinburgh, the launch of our Dental Skills Competition 2015 – 2016, where a group of elite dental students from across the UK will compete in a series of tasks to test their technical abilities. Regional heats will be running in 16 dental schools this autumn/winter with the best student from each heat winning a travel and accommodation package to compete in the Grand Final in Edinburgh on 10th March 2016. So, very best of luck to all of the students taking part this year.



# RCSEd DENTSPLY Dental Skills Competition 2015 – 2016



Calling all senior year dental students! Do you have what it takes to be crowned champion of our groundbreaking dental competition?

DENTSPLY, in partnership with the Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery, is delighted to announce the launch of our Dental Skills Competition 2015 – 2016.

This intense national dental skills competition is organised by Britain's oldest surgical Royal College. The first event of its kind last took place in 2014 at the 500+ year-old Royal College of Surgeons of Edinburgh (RCSEd), and saw a group of elite dental students from all corners of Britain compete in a sequence of tasks to test their abilities.

After a series of regional heats, the final of this groundbreaking competition saw the students face a number of complex challenges. These included suturing, building a fractured tooth, root canal treatment, and even testing their communication skills with patients.

For the 2015 – 2016 competition, regional heats will run in 16 dental schools across the UK this autumn/winter 2015. During these heats, final year dental students will have the opportunity to showcase their clinical skills, with the best student from each heat winning a travel and accommodation package to compete in the Grand Final in Edinburgh on 10<sup>th</sup> March 2016.

At the Grand Final, the 16 finalists from across the UK will be asked to undertake a broad range of clinical procedures in order to determine who will be crowned the overall winner at the competition's Grand Final Dinner. As well as prizes being awarded to the winner and runners-up, all participants in the competition will receive a certificate of participation, as well as a year's affiliation to the RCSEd's Pre-Membership Dental Affiliate Network.

Explaining more about the competition, Dean of RCSEd's Faculty of Dental Surgery, Professor William Saunders said:

"Following on from the great success of last year's inaugural dental skills competition, we are delighted to once again be working in partnership with DENTSPLY to offer senior dental students a unique occasion to showcase their dental knowledge and skills.

Feedback from last year's participants was overwhelmingly positive so we are pleased to be running the competition again for the next generation of aspiring dentists and hope they will find participating in this competition useful and beneficial to their career ambitions."

University of Sheffield student, Hannah Crane was crowned the winner of the 2013 – 2014 competition. Commenting on the experience, she said:

"Winning the competition was a fantastic privilege. The whole competition, from the heats to the final, was a wonderful experience, which I am certain will benefit me in my future career. Everyone at the final has been so lovely and made it a really positive day. It's been wonderful to meet students from the other dental schools. I was so delighted to have won!"

Olivier Collet, General Manager, DENTSPLY UK & Ireland, said:

"As dedicated partners to the dental profession and provider of innovative solutions 'For Better Dentistry', DENTSPLY has found a natural fit working alongside the Royal College of Surgeons of Edinburgh. The competition promises to be a challenging, yet fun test of dental clinical skills. By entering the competition these 'clinicians of the future' will see the support that DENTSPLY and RCSEd can provide to them, at the start and throughout their clinical careers."

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**HOW TO ENTER:** Places for the autumn/winter heats are limited and allocated on a first-come, first-served basis. To find out dates and locations of heats and to register to take part visit [www.rcsed.ac.uk](http://www.rcsed.ac.uk)



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# A digital DENTSPLY

Technology is everywhere and continues to march on, changing the world around us forever. Don't get left behind; embrace digital at your dental practice.

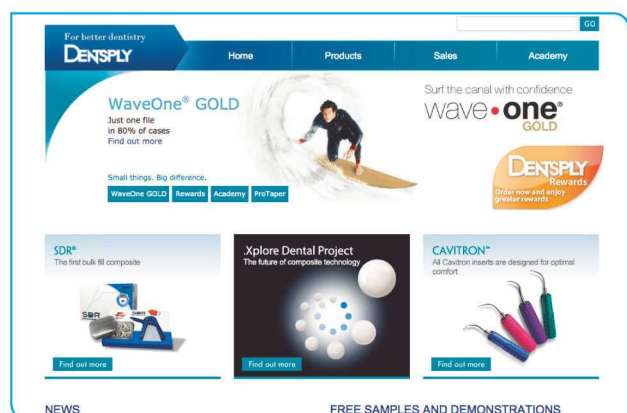
In dentistry, technology is often thought about in terms of the latest products such as 3D printing and CAD-CAM holographic scanning.

But it's also about the new tools available to support business management, record keeping, continuing professional development and patient marketing – getting people through your door and into the chair. As more and more of our personal and working lives are spent online, we all need to embrace the opportunities that the internet and this new digital world offer to make our lives and businesses more efficient and more attractive to patients, with even more knowledgeable staff. Plus, perhaps even save a few pounds in the process!

In a recent industry survey in association with Dental Update (Jan 2015), we found that 72% of dental practices had their own website but only 23% of those surveyed used social media in their professional lives. Yet, according to Statista.com data, 59% of the UK population had an active account with any social network at the end of 2014.

## Dentsply.co.uk

Your first stop for all things DENTSPLY. Whether you want to find out the number for your local Sales Specialist, download the DFU for Xylocaine® local anaesthetic or watch the video for new WaveOne® GOLD, [dentsply.co.uk](http://dentsply.co.uk) is an invaluable online resource.



Dentistry is, however, catching up and we can see a shift, particularly amongst the connected generation who have entered the industry in the last few years. The biggest potential change is coming from those who recognise that a move away from the traditional 'pick-up-the phone to my dealer' or in-class study models, to web based and instant messaging can offer huge benefits in speed, efficiency, service and convenience.

DENTSPLY is well positioned to help you, wherever your digital journey may take you.



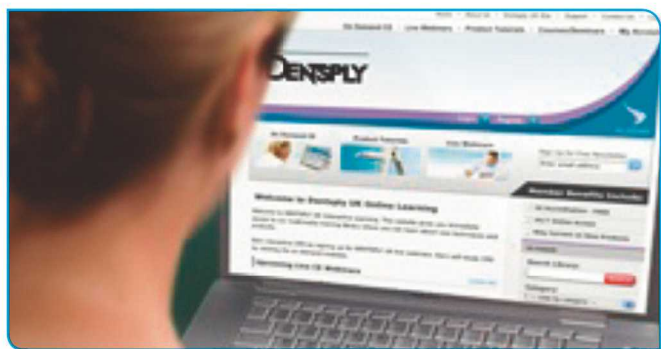
## Dentsplyrewards.co.uk

If you LOVE DENTSPLY, you'll LOVE REWARDS. In our online shop, you will find all your favourite products under one roof. Receive 3% of your spend back every time you shop with us online and access a range of great value promotions. You can spend your DENTSPLY Rewards £s on everyday items, such as composite or endo files, or save up for a bigger equipment purchase.

Your DENTSPLY order is delivered and invoiced by your nominated dental dealer at your best dealer price, whilst we give you 3% back as a thank you. There really is no better value way to buy DENTSPLY products anywhere.

1-Click re-ordering makes shopping for regular purchases hassle free, whilst our friendly customer helpdesk team is available on Freephone 0800 072 3313 and at [helpdesk@dentsplyrewards.co.uk](mailto:helpdesk@dentsplyrewards.co.uk). You can even have a live-chat with one of the team via the website. Register today at [dentsplyrewards.co.uk](http://dentsplyrewards.co.uk)





### Dentsplyacademy.co.uk

Our first choice education hub for many dental professionals in the UK, and across the world, gives you access to over 70 hours of verifiable CPD courses and a comprehensive learning library.

Last year alone the UK members of this free-to-join site earned over 18,000 hours of verifiable CPD. Through a combination of live webinars with prominent national and international speakers, plus a comprehensive on-demand archive, multi-media tutorials and how-to guides, the whole practice team can benefit from continuing education support at a place and time convenient to them.

Register today and check out the latest webinar schedule at [dentsplyacademy.co.uk](https://dentsplyacademy.co.uk)

The DENTSPLY Academy is also out and about in your local area. Local courses, ranging from in-practice 'lunch and learns' to evening meetings and hands-on workshops, are organised through your local Sales Specialist or Key Account Manager. Contact them to find out what's on in your area.



### It's catch-up time!

Some of the webinars you may have missed are now available On-Demand.

- **Impressive impressions... every time** with Anup Ladva and Neel Panchal
- **Re-treatment diagnosis and surgical vs. non-surgical retreatment planning** with Dr Peter Raftery
- **Shaping the future of endodontics** with Dr Julian Webber
- **Why do posterior composites fail?** with Dr Ian Cline
- **Why don't more people go to the dentist?** with Kevin Rose and Rob Whittaker

### Get social

Follow us on social media to keep right up-to-date with the latest news, events and videos from DENTSPLY and the wider world of dentistry. It's your chance to get involved, to read and watch then tell us what you think, and even become a winner when you share your ideas (and the odd team photo) in some of our fantastic competitions.



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**@DENTSPLY\_UK**



Watch us on YouTube  
**DENTSPLYuk**

### But don't worry, we haven't completely disappeared into the cloud!

We still have a very human face with 24 local Sales Specialists, 5 Key Account Managers looking after dental schools, hospitals and corporate groups, a team of engineers at the UK's only DENTSPLY accredited service centre and an incredibly helpful Customer Service Team here to help whatever your query, challenge or need.



# Shaping canals with confidence

Julian Webber talks about his role in the latest advancements of endodontic file design and how this can help GDPs embrace the shaping of root canals with complete confidence.

Hopefully, the perception of endodontic treatment amongst general dentists is evolving – and for the better. Often perceived as one of the most complex clinical procedures, whether as a result of endodontic failure or the challenges raised by a complex case, many General Dental Practitioners (GDPs) have chosen to avoid root canal treatment altogether by extracting potentially treatable teeth.

Enhancing education and awareness of technological advancements in endodontics is essential to increasing the clinician's confidence and competence when performing root canal treatment. This enables them to be equipped with the necessary skills, experience and equipment to diagnose cases, implement a treatment plan and perform quality endodontic treatment safely with advanced file designs that deliver greater cutting efficiency, strength and flexibility when shaping canals.

## New developments

Developments in endodontic file design, along with the use of nickel titanium as the metal of choice, have advanced exponentially over the last 20 years. The introduction of DENTSPLY's ProTaper® instruments in 2001, with active cutting edges and variable taper design, have done much to facilitate root canal shaping with a high level of predictability that cannot be obtained with hand instruments. Clinicians are now starting to understand that a well-shaped canal is the cornerstone for ideal irrigation and then filling of the entire root canal system.

Using an F2 ProTaper as a starting point for design, 2011 saw the launch of DENTSPLY's WaveOne® reciprocating single file system, introducing to the market a simple, safe and predictable mechanical method to shape canals. A team of six international clinicians, including myself, specifically developed the file system with its safe and unique reciprocating motion, introducing many GDPs to a 'new world' of mechanical root canal preparation. Marking a major milestone in endodontic file design, WaveOne delivered increased strength and resistance to cyclic fatigue (the leading cause of file separation) and allowed for simple, efficient and superior canal shaping with just a single reciprocating file in 80% of cases.

With today's increased focus on minimally invasive endodontics, and taking into account the feedback from clinicians using the WaveOne system over the four years since its introduction, four of the original key opinion leaders and design team involved in the initial development of the file; my colleagues Dr Clifford Ruddell (USA), Dr Sergio Kuttler (USA), Dr Wilhelm Pertot (France) and myself, have been working to further improve the cutting efficiency and mechanical properties of the file to give a new level of confidence to the many clinicians still wary of carrying out endodontic procedures. This has led to the launch of an exciting new generation of reciprocating file – WaveOne® GOLD from DENTSPLY.

## Increasing confidence and competence

Keeping to the philosophy of simplicity with a single reciprocating file, WaveOne GOLD has been specifically designed for both general dentists and endodontists to increase their confidence in the safe use of NiTi instruments, eliminating the fear of file separation.

Key to this is the great improvement in the mechanical properties of the new file system. After manufacture, the nickel titanium files are heat-treated and cooled. Whilst this gives the file a distinctive gold finish, more importantly, the process considerably improves its strength and flexibility far in excess of its predecessor. Cyclic fatigue resistance has been improved by 50% over WaveOne Primary, which in itself was more than twice as great as most standard rotary systems. The flexibility of WaveOne GOLD Primary is 80% greater than WaveOne Primary.

There are now four tip sizes in the WaveOne GOLD series – Small #20.07; Primary #25.07; Medium #35.06, and Large #45.05, along with a choice of three lengths (21, 25 and 31 mm). Variable reducing tapers ensure that the final shape of the prepared canal is more conservative, fulfilling the requirements of minimally invasive endodontics aiming to remove less of the existing tooth structure in order to preserve the integrity of the natural tooth. The final shape is optimal for efficient irrigation and obturation. Increased flexibility, especially in the larger sizes, enables the negotiation of a wider range of canal morphologies and curvatures.



WaveOne GOLD has a new parallelogram cross-section optimised to improve cutting efficiency. Alternating cutting edges have either one or two point contacts depending on location along the file, which minimises the 'screwing' effect. Users will appreciate the smooth reciprocating movement and will not feel the need to push on the file, which in either rotary or reciprocation motion is also one of the leading causes of file separation. These aspects of file design have reduced an already shortened shaping time by a further 20%, providing additional opportunities to enhance irrigation.

There are new directions for use with WaveOne GOLD. Once a smooth reproducible glide path is established and enlarged, preferably with DENTSPLY's ProGlider™, the WaveOne GOLD Primary file (25.07) is the first, and, in up to 80% of cases, the only file needed to shape the canal. The WaveOne GOLD Small is used to length when the Primary does not progress so easily and then the recommendation is to return to the Primary to complete the shaping. After the use of the WaveOne GOLD Primary gauging foramen diameter may indicate the need for a larger file and the shaping can be finished with either the WaveOne GOLD, Medium or the Large.

The design team believes the enhancements made with WaveOne GOLD make quality endodontics available to many more clinicians, giving them the confidence to take on cases considered too difficult in the past, reducing the risk of file separation and increasing patient safety. This new generation of file system is ideal for existing users of mechanical NiTi instruments and others keen to use them for the first time.

Shaping canals has just got easier.

For more information contact DENTSPLY on **0800 072 3313** or visit **dentsply.co.uk/gold**

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### Author profile

Julian Webber was the first UK dentist to receive a Master's Degree in endodontics from a university in the USA. He received his BDS from the University of Birmingham in 1974 and his MSc and Certificate in Endodontics from Northwestern University Dental School, Chicago, USA in 1978. He has been a practising endodontist in central London since 1978, and opened the Harley Street Centre for Endodontics in October 2002.



Julian lectures extensively in the UK and has travelled abroad on many occasions to lecture to major world dental congresses and endodontic societies. Through his various workshops and hands on courses he has helped to train many general dentists in the skills of modern endodontic techniques. For further information of upcoming lectures, courses and hands-on workshops, contact **info@julianwebber.com**

Visit **dentsplyacademy.co.uk** to view our FREE CPD seminar 'Shaping the Future of Endodontics' with Julian Webber



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# What difference does the swagger make?

The difference is explained by Peet van der Vyver and Michael J Scianamblo in this extract from their two part series on Clinical Guidelines for the use of ProTaper® Next instruments, published in Endodontic Practice.

ProTaper Next instruments are manufactured from M-Wire that contributes towards more flexible instruments, increased safety and protection against instrument fracture (Gutmann, Gao, 2012) allowing the clinician to treat more complex root canal systems with a high level of success.

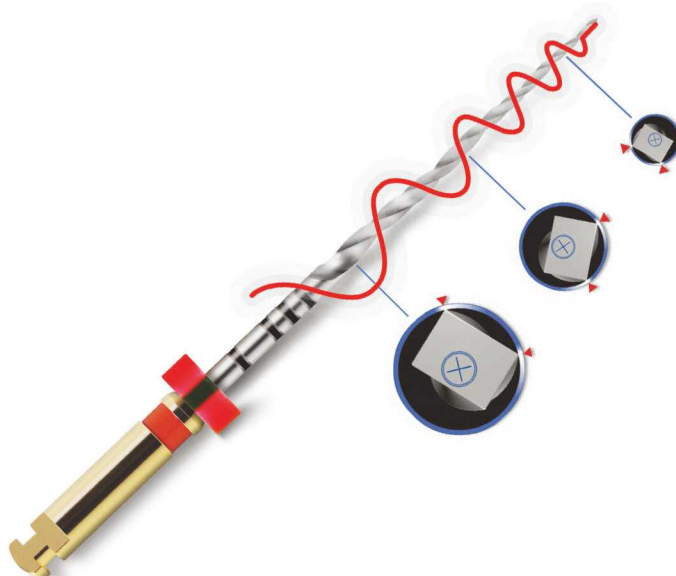
ProTaper Next instruments have a bilateral symmetrical rectangular cross section with an offset from the central axis of rotation (except in the last 3mm of the instrument, D0-D3) creating an asymmetric rotary motion. The exception is the ProTaper X1, which has a square cross section in the last 3mm to give the instruments a bit more core strength in the narrow apical part. The asymmetric rotary motion allows the instrument to experience a rotational phenomenon known as precession or swagger (Scianamblo, 2011).

According to van der Vyver and Scianamblo (2013), the benefits of this design characteristic include:

1. It further reduces (in addition to the progressive tapered design) the engagement between the instrument and the dentine walls because only two cutting points make contact with the canal wall at any time. This will contribute to a reduction in taper lock, screw-in effect and stress on the file
2. It ensures debris removal in a coronal direction because the off-centre cross-section allows for more space around the flutes of the instrument. This will lead to improved cutting efficiency, as the blades will stay in contact with the surrounding dentine walls. Root canal preparation is done in a very fast and effortless manner
3. The swaggering (asymmetric) rotary motion of the instrument initiates activation of the irrigation solution during canal preparation, improving debris removal
4. Reduces the risk of instrument fracture because there is less stress on the file and more efficient debris removal
5. Every instrument is capable of cutting a larger envelope of motion (larger canal preparation size) compared to a similarly-sized instrument with a symmetrical mass and axis of rotation. This allows the clinician to use fewer instruments to prepare a root canal to the adequate shape and taper to allow for optimal irrigation and obturation
6. There is a smooth transition between the different sizes of instruments because the design ensures that the instrument sequence itself expands exponentially

ProTaper Next consists of five instruments, but most canals can be prepared by using only the first two instruments; X1 (17/.04) and X2 (25/.06). The ProTaper Next X3, X4 and X5 can be used to either create more taper in a root canal or to prepare larger root canal systems.

Taking advantage of the ProTaper Next features is easy. Speak to your DENTSPLY Sales Specialist about upgrading or visit [dentsply.co.uk/ProTaperNext](https://dentsply.co.uk/ProTaperNext) for clinical cases and articles, a step-by-step guide, videos, file and GP compatibility tables, and Academy webinars focusing on the use of ProTaper Next.





# DENTSPLY endodontic solutions

DENTSPLY products support you in every step of the endodontic procedure. Here we look at three solutions that make a significant difference to the final outcome.

## 1. DENTSPLY's ProPex Pixi™ Apex Locator

Specifically designed for General Dental Practitioners, the ProPex Pixi is a pocket-sized apex locator making it convenient and mobile. This high precision device accurately determines the working length of any root canal. Using multi-frequency technology to precisely determine the location of the apical foramen, the ProPex Pixi effectively operates in a wide range of conditions, including dry, wet, infected and bloody canals.

Featuring progressive sound control with four volume levels and incorporating a high resolution colour LED display that shows a visual representation of the file movement along the apical foramen, the ProPex Pixi gives an accurate and reliable apical working length measurement that is perfect even for the first time apex locator user. Its lightweight, compact design also includes a rechargeable battery. This ensures the sleek ProPex Pixi takes up minimal space during treatment, in storage and transportation, resulting in less disturbance from tangling wires and improved visual control of the file progression.

Ready to use with no calibration or manual adjustment required, DENTSPLY's ProPex Pixi apex locator aims to provide clinicians with safer, more accurate root canal procedures.

The ProPex Pixi sells more than any other apex locator in the UK.\*



## 2. DENTSPLY's X-Smart™ Plus rotary and reciprocating micromotor

X-Smart Plus from DENTSPLY is a simple, easy-to-use micromotor designed for any GDP performing rotary endodontics using either a reciprocating single file technique or continuous rotation file system. Compact and portable, with a lightweight miniature contra-angle attachment and operated without a foot pedal, the X-Smart user interface features a large bright colour screen with a colour-coded file library to aid file selection.

With dedicated button controls to make navigation easy, and powered by a rechargeable battery, X-Smart Plus allows the practitioner to fully focus on patient treatment due to its simplicity of use, excellent visibility and access.



## 3. DENTSPLY's ProGlider™ for creating a glide path

DENTSPLY's ProGlider is the single file glide path system for all dentists using NiTi shaping files. ProGlider is used between a size 10 stainless steel file and the first shaping file, to create the glide path quickly, safely and respectfully. Made of M-Wire NiTi alloy and uniquely shaped with a variable taper, ProGlider is flexible and efficient with a high resistance to cyclic fatigue.



ProGlider comes into its own when preparing calcified and complex canals but is also ideal for general glide path preparation, respecting the root anatomy compared to that of manual instruments, reducing the risk of canal transportation, apical zips and ledges. General dentist Patricia Gallop says: "ProGlider is like a hot knife through butter! So smooth! And it just opens up that path for you when you go down with WaveOne GOLD – much easier."



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Shop online at  
[dentsplyrewards.co.uk](https://dentsplyrewards.co.uk)

\*SDM data

# Cold gutta-percha cone convenience – warm fill confidence

Whether you perform one root canal treatment per month or one per hour, it's all about having confidence in your technique. We investigate how GuttaCore® makes a difference to your endodontic procedure.

GuttaCore is the first obturator with a crosslinked gutta-percha core. Crosslinking is a well-established scientific process that connects the polymer chains and transforms the gutta-percha to make it stronger, while keeping its best features.

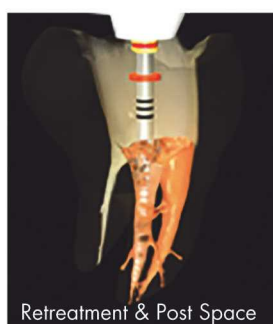
## Superior 3D fills, ease of retreatment, post space simplified

GuttaCore obturators move warm gutta-percha 3-dimensionally into the root canal system. GuttaCore uses a crosslinked gutta-percha core for centrally compacting the gutta-percha in the canal. The hydraulic force compacts warm flowing GuttaCore, flowing equally in 3-dimensions. Proper cleaning, shaping and irrigation, along with the central compacting hydraulic force, facilitates the flow of GuttaCore in the root canal system.



Clinical studies show GuttaCore's effectiveness compared to other techniques in achieving a complete fill throughout the canal system. GuttaCore delivers the highest gutta-percha content with fewer apical and coronal voids than any other technique.<sup>1</sup>

With GuttaCore obturators, you can remove the handle by bending to either side of the canal wall without affecting the seal. In addition, you can create post space and remove the obturation material with unprecedented ease. You'll see the familiar gutta-percha characteristics when your drill engages the material. The crosslinked core comes out efficiently, saving you time and hassle.



With GuttaCore, here's what you can count on, case after case:

- An efficient technique that offers the ease of a single insertion, so your patients spend less time in your chair
- The flowability of warm gutta-percha to achieve a complete fill throughout the canal system
- The confidence of knowing GuttaCore travels where traditional cold gutta-percha stops short

GuttaCore is used with the ThermoPrep®2 Oven and size verifiers. It is available for ProTaper® Next and WaveOne® GOLD.

### ProTaper Next GuttaCore

Shaping system	GuttaCore size	Order code
ProTaper Next X2	GuttaCore X2	A1803B0042500
ProTaper Next X3	GuttaCore X3	A1803B0043000
ProTaper Next X4	GuttaCore X4	A1802B0044000
ProTaper Next X5	GuttaCore X5	A1802B0045000

### WaveOne GOLD GuttaCore

Shaping system	GuttaCore size	Order code
WaveOne GOLD Small	GuttaCore 0.20	A1703B0042000
WaveOne GOLD Primary	GuttaCore 0.25	A1703B0042500
WaveOne GOLD Medium	GuttaCore 0.30	A1703B0043000
WaveOne GOLD Large	GuttaCore 0.40	A1703B0044000

Call your local Sales Specialist for a demonstration or visit [dentsply.co.uk](http://dentsply.co.uk) for more information.

1. According to published research by Dr. Franklin Tay and colleagues.





# Optimisation of direct Class II MOD restorations



"The combination of Palodent® V3 and SDR® allows easier, faster and predictable placement of Class II restorations. There's no better way to place a Class II restoration."

– Reis, A. Sao Paulo, Brazil



Pre-operative view: Large Class II OD needed to be changed and caries lesion in mesial proximal surface



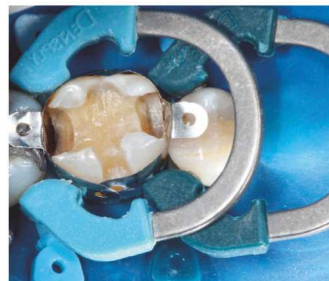
After cavity preparation. Due to the extension of the caries lesion, it became Class II MOD cavity



Insertion of the Palodent V3 matrix band



Aspect of wedges and matrices in position



Palodent V3 Rings present perfect adaptation to the matrix and wedges. The narrow ring was used mesially and the universal occlusally



Acid-etching was initiated in the enamel margins



It was extended to dentine for 15 seconds



Prime&Bond® XP2 was applied, evaporated with a gentle air-stream and light-cured for 10 seconds

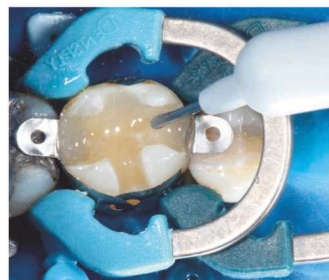
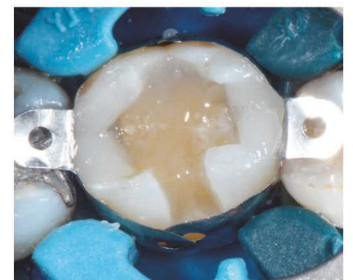


Illustration of the SDR layer immediately after application. Light-curing: 20 sec



Ceram-X® mono (M1) was used for the occlusal surface. First, composite increments were placed for reconstruction of mesial and distal proximal ridges



Finishing and polishing were made with Enhance®/PoGo™. Disk was used first



Enhance cups were also used for polishing



Nice proximal contacts could be achieved, using SDR with Palodent® V3





# Advantages of using SDR<sup>®</sup> in Paediatric Dentistry

## A case report from Dr Vicky Ehlers



Bulk Fill materials have been developed to enable the clinician to place fillings quickly and reliably with just a single layer of up to 4mm thickness [1–3]. SDR (Smart Dentine Replacement) from DENTSPLY is a flowable bulk fill material with an extremely low shrinkage stress and has been available since 2010 [4, 5].

At the beginning of 2014, DENTSPLY extended the indication of SDR to include the filling of deciduous class I and class II posterior restorations – without the need to cap with a universal composite layer that would be required for permanent teeth. The extension of SDR's indications is a major benefit for the practitioner, especially in paediatric dentistry.

Bulk fill materials are ideal for deciduous teeth, where the focus is on rapid application and reliability of the materials used. The time saving in filling placement is a crucial advantage, both in regular treatment of children, as well as in the treatment of children under general anaesthesia. The reduced abrasion resistance of flowable bulk fill materials is compatible with the natural deciduous tooth abrasion and so is not to be viewed as a disadvantage in the wear phase of primary dentition. Due to the higher translucence of SDR, there is a slight difference in shade to the deciduous tooth, although this tends to play a lesser role in deciduous tooth fillings.



## Patient cases

Three cases treating deciduous teeth (Class I and II) in the posterior region using SDR are presented below.

### Treatment of a 9-year-old boy with haemophilia A

A 9-year-old boy with severe haemophilia A presented a carious lesion on the upper left deciduous molar (Figure 1). Firstly the caries were excavated with a conventional round bur and finally fully excavated with a polymer bur (PolyBur, P1, Komet Dental). Following preparation of the cavity margin, the AutoMatrix<sup>®</sup> system (DENTSPLY) was applied (Figure 2). The use of a matrix is always recommended as otherwise, due to its low viscosity, the bulk fill material flows into places that do not actually belong to the contour of the filling. A self-etch all-in-one adhesive (Xeno V+<sup>®</sup>, DENTSPLY) was used, which was air-dried and light-cured. The bulk fill material SDR was applied directly with its Compula<sup>®</sup> tip. Here it is important that the metal cannula is placed on the approximal cavity floor and is extracted while continuously extruding the low-viscosity material.

The entire cavity was filled in one single increment and then light-cured for 20 seconds. As it was possible to ensure reliable contamination control using dental rolls and four-handed working, a rubber dam was not used, which was advantageous in view of the boy's medical history as a haemophiliac. This excluded potential traumatising of the gingiva from the rubber dam clamp. Finally, the filling was finished with a fine diamond bur (Figure 3) and the finishing and polishing system Enhance<sup>®</sup> (DENTSPLY). At the time of the follow-up examination, the deciduous tooth was no longer in situ as a result of natural exfoliation, so a follow-up X-ray is unfortunately not available.



Figure 1 Caries occlusal-mesial on tooth 65



Figure 2 Tooth 65 after caries excavation with matrix and wedge



Figure 3 Class II two-surface filling on tooth 65



### Treatment of a 5-year-old girl

The 5-year-old girl was a former general anaesthesia patient who since allowed herself to be treated in the dental chair. However, the child was restless and not very compliant, so treatment had to be kept short. This is where an all-in-one adhesive and a bulk fill material is very helpful in filling therapy, as the treatment steps of conditioning and spraying off the etching gel or multiple layering of the filling are not necessary and the treatment can therefore be performed quickly. The patient presented three carious deciduous molars 85, 75 and 65 (Figure 4). Following caries excavation on tooth 85 buccal, 75 occlusal and 65 occlusal (Figure 5) using a round bur and a polymer bur, the all-in-one adhesive (Xeno V+) was applied and then light-cured. As only buccal and occlusal fillings were involved, a matrix system was not used. The bulk fill material SDR was applied in a single layer and light-cured. The fillings were finished and polished as described above.

In the case of SDR fillings that are not very deep, as in this case on tooth 85 buccal, the difference in shade to the milk tooth is hardly noticeable (Figure 6). Similarly, with flat occlusal cavities, e.g. tooth 75 (Figure 7) and 65 (Figure 8), the higher translucency does not affect the final outcome. However, given deep cavities, the practitioner should be aware of the shade deviation and the slightly grey appearance of the filling and should also inform the parents at the outset. Experience has shown that children and parents are not concerned about the high translucency and are satisfied with the shade. It should certainly also be borne in mind that deciduous teeth are not subject to such high aesthetic requirements as permanent dentition. Tooth 85 was photographed in the course of a follow-up examination and shows the buccal filling after two years and an occlusal compomer filling after five years (Figure 9). The occlusal SDR filling on tooth 75 was also photographed after two years (Figure 10). Figure 11 shows the buccal filling on tooth 65 in a follow-up examination after 1½ years. The fillings were in a good clinical state in the follow-up examinations.



**Figure 4** Carious lesion on tooth 65 occlusal



**Figure 5** Situation after caries excavation on tooth 65



**Figure 6** Buccal filling on tooth 85



**Figure 7** Occlusal filling on tooth 75



**Figure 8** Filling on tooth 65



**Figure 9** Examination of the buccal bulk filling after two years and the occlusal compomer filling on tooth 85 after five years



**Figure 10** Examination of the filling on tooth 75 after two years



**Figure 11** Examination of the filling on tooth 65 after 1½ years

### Treatment of a 4-year-old boy under general anaesthesia

The top priority in dental treatment of children under anaesthesia is to keep the anaesthesia time as short as possible. That is why the use of dependable and quick-to-apply materials is recommended here, too. In total, the 4-year-old boy had 12 milk teeth to be treated, of which 9 were filled and 3 had to be extracted. The deciduous tooth fillings in the posterior region were carried out with SDR, whereas the front teeth were restored with the compomer Dyract eXtra®, dental shade A2 (DENTSPLY). The use of compomers is considered to be the worldwide standard for the restoration of milk tooth defects [6]. In the course of general anaesthesia treatment, the carious tooth 64 was excavated and is presented in Figure 12. Excavation was performed as previously described and conditioning also used all-in-one adhesive. Following finishing and polishing, the finished filling covered the occlusal-mesial surface, as well as the palatal surface of the tooth (Figure 13). The appointment for the follow-up examination was not kept.



**Figure 12** Tooth 64 after caries excavation



**Figure 13** Occlusal-palatal filling on tooth 64

#### Dr Vicky Ehlers

- 1998–2004 Studied dentistry at the Medical University of Hanover, Germany.
- 2008 Award of doctorate Dr. med. dent. from the Medical University of Hanover, Germany.
- 2004–2007 Private practice.
- Since 2007 research assistant at the Clinic for Restorative Dentistry at the Johannes Gutenberg University of Mainz, Germany.
- 2013 Senior physician at the Clinic for Restorative Dentistry at the Johannes Gutenberg University of Mainz, Germany.
- 2014 Certification in the field of pediatric and adolescent dentistry with the German Association for Pediatric Dentistry (DGKIZ).

#### Literature:

- [1] Fleming, G. J., Awan, M., Cooper, P. R., Sloan, A. J.: The potential of a resin-composite to be cured to a 4 mm depth. *Dent Mater* 24, 522 – 529 (2008)
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- [6] Krämer, N., Frankenberger, R.: Compomers in restorative therapy of children: a literature review. *Int J Paediatr Dent* 17, 2 – 9 (2007)



## Extending the life of your Cavitron®

Find out how to maximise the life of your ultrasonic scaler with our quick and simple maintenance tasks.

DENTSPLY Cavitron ultrasonic scaler was launched over 50 years ago and at the core of its design was efficiency, ease-of-use and longevity. As with any piece of equipment, in or out of the dental surgery, it needs to be cared for and maintained appropriately to ensure it lasts as long as it was intended to.

Purchase of any ultrasonic scaler is an investment and usually the return on such an asset is recompensed quickly due to more efficient treatments, higher throughput of patients and happier practitioners. To ensure many years' worth of value to the practice, just a few, simple maintenance tasks carried out routinely can extend a Cavitron's working life. The full details are available in the Directions For Use (DFU) that come in the box with the unit, and are also available on our website. However below are the maintenance issues that are most often overlooked:

- Always empty the Cavitron Jet Plus® powder bowl at the end of each day to minimise the risk of blockage
- Brush around the prophylaxis powder bowl threads, O-ring and cap to remove any residual powder
- Ensure the hand piece has water flowing freely through it before introducing a Cavitron insert
- Inspect the hand piece and cable for any damage or wear and replace if necessary
- Check the air and water line filters for dirt every month and replace if necessary

### Free of charge Health Check

As part of your maintenance routine, a Cavitron Health Check is also recommended every 6 months. This is a free of charge service carried out by a trained DENTSPLY Sales Specialist and is offered to all Cavitron users. The Specialist follows a 10 point plan that ensures a thorough assessment of the current state of the Cavitron and then demonstrates if replacement or servicing is required. The check covers the hand piece, cables, foot pedal, filters and powder bowl. A certificate is presented at the end, which can be displayed for patients to view, reassuring them of your high standards of care.

### Why Insert Wear matters

Unlike hand instruments that can be sharpened when worn down, ultrasonic insert tips cannot. Due to the way in which the tip of the insert 'talks' to the ultrasonic unit through the nodal points, once it starts to wear away it becomes less efficient meaning excessive force has to be used which can cause discomfort to the patient and the user, and result in a prolonged treatment.

A couple of easy, visual checks by the Cavitron user can be regularly carried out:

- Is the stack showing any signs of damage, i.e. bent or spaces between the metal plates? If so, it needs to be discarded immediately
- Does the tip of the insert look misshapen or worn? A Cavitron Insert Wear Indicator Guide is available free of charge from DENTSPLY. Or you can request a check by the DENTSPLY Sales Specialist
- Does the O-ring look thinned and old? Replacements can be purchased from your dealer or via DENTSPLY Rewards



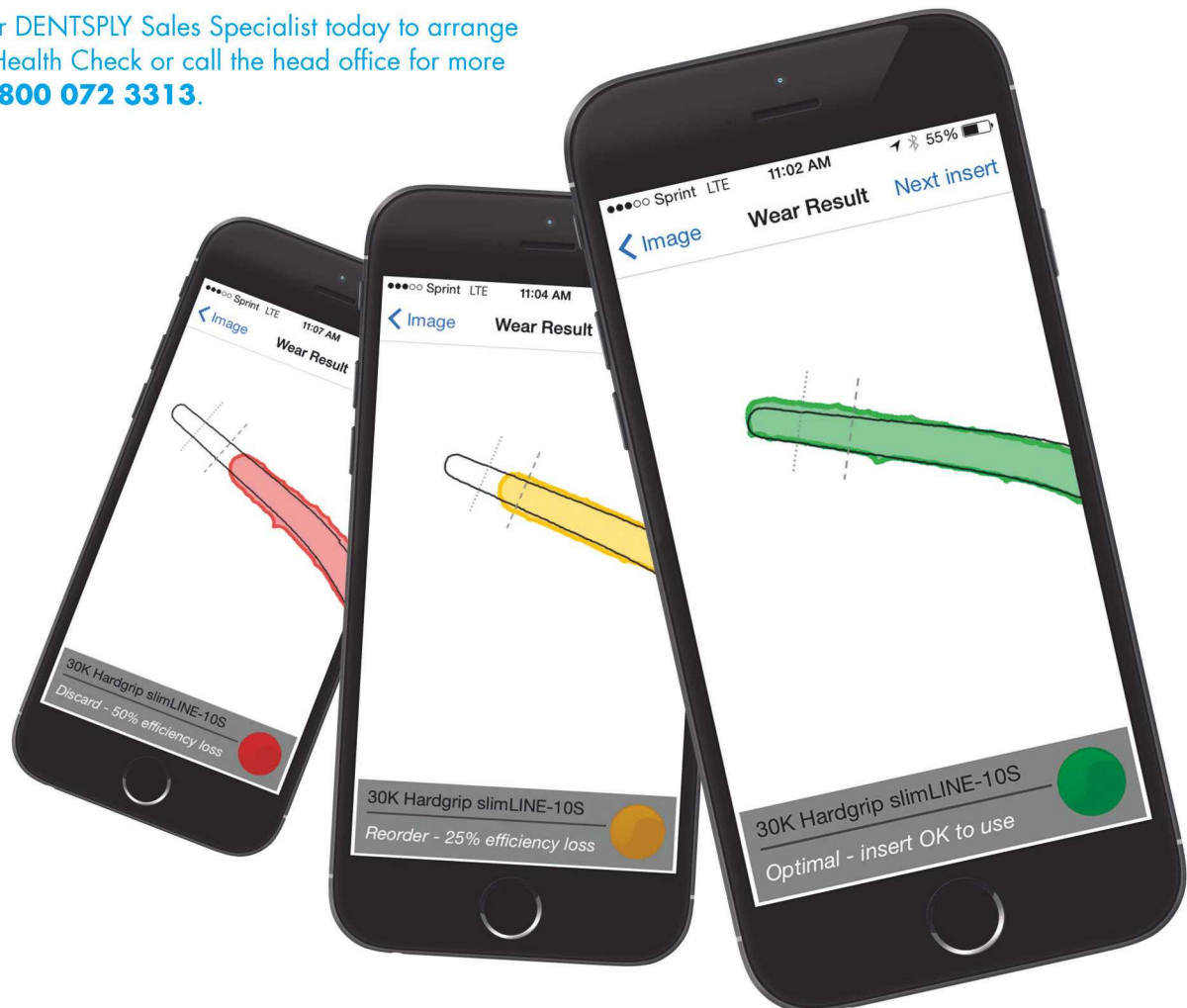
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Another free of charge service offered only by a DENTSPLY Sales Specialist is a Cavitron Insert Wear Check which uses a specially designed and innovative Cavitron app. With the use of a smart phone, the app 'reads' the insert tip, analyses the wear and then recommends whether it needs replacing immediately, or is working efficiently.

The Cavitron was designed to be the 'workhorse' of a busy dental surgery and through just a few quick and simple care procedures and regular upkeep, DENTSPLY is confident it will see you through many years of effective oral hygiene maintenance.

Contact your DENTSPLY Sales Specialist today to arrange a Cavitron Health Check or call the head office for more details on **0800 072 3313**.





## Karen Walker speaks to The Difference

Karen Walker, hygienist, talks to DENTSPLY about the role ultrasonic scaling and air polishing play in subgingival debridement to improve periodontal disease.



For hygienists, subgingival debridement is an essential part of the treatment of periodontitis. Removal of biofilm and calculus deposits from deep within the periodontal pocket is fundamental in reducing the presence of bacteria, to help ease inflammation and

prevent the condition progressing. There has been some debate surrounding the clinical and microbiological effects of subgingival debridement, in particular the roles both air polishing and ultrasonic scaling play.

The aim is to safely remove calculus and biofilm without the need for aggressive force during instrumentation in order to maintain the integrity of the tooth surface. A true advocate of ultrasonic scaling, my main concern surrounding this argument is that whilst air polishing does have its place within maintenance therapy, its limitations mean that it does not remove calculus and is effective for only biofilm and stain removal.

Initial treatment is about scaling and root surface debridement (RSD) to debride the periodontal pocket and disrupt the biofilm present. Control of biofilm is essential for effective treatment, and, left untreated in the maintenance of patients not yet showing signs of disease, it can lead to caries, gingivitis and periodontitis.

Air polishing is a relatively recent development in the removal of biofilm and stains, and used correctly it can prove to be very effective. However, it is sometimes easy to overlook the fact that ultrasonic scaling with DENTSPLY's Cavitron®, which has been a part of the hygienist's armamentarium now for many years, has always effectively disrupted the biofilm.

Subgingival air polishing should be considered as an addition to the efficient and patient-friendly removal of biofilm, and should not be considered a substitute for hand or ultrasonic scaling. For example, in treating patients with hard deposits, thorough hand or ultrasonic instrumentation is essential in the first instance in order to facilitate effective air polishing afterwards.

### Insert selection

When further comparing air polishing and ultrasonic scaling it is important to consider the pattern of the insert (tip) oscillation. Air polishing is an effective method of disrupting and flushing away biofilm using an air-powder mixture and water. It works by having the angulation of the insert perpendicular to the surface of the tooth, directing the airflow horizontally from the insert as the water is pushed vertically in a flushing action, cleaning a relatively small area at a time.

With the Cavitron, inserts work in an elliptical motion to potentially disrupt biofilm using cavitation and acoustic microstreaming. Acoustic microstreaming pushes the cavitating fluid well past the working surface to potentially disrupt biofilm across a wide area. The elliptical motion means a large surface area per cycle is covered, whilst producing the minimum of vibration to ensure patient comfort. This allows increased access for hygienists to navigate periodontal pockets, leading to improved gingival and periodontal health, whilst ensuring effective scaling of biofilm and calculus, including heavy deposits.

### Patient comfort

With comfort a priority, it is often said that patients tend to find air polishing more tolerable. However, in my own experience, and from an ultrasonic perspective, if the Cavitron is used correctly, at a low setting (BlueZone™) and with the correct insert, you will not cause any discomfort to the patient and stains can be easily removed.

The correct choice of insert is fundamental for patient comfort and you should take extra care in choosing the insert that is appropriate for the procedure, otherwise your ultrasonic scaler cannot work to its full potential. I find DENTSPLY's SlimLINE® series is ideal for subgingival biofilm disruption and root surface debridement in deep pockets. For more compacted teeth and hard-to-reach areas, and especially if there is a lot of inflammation present, I use the DENTSPLY THINsert®, which has an insert that is 47% thinner than the SlimLINE for easier subgingival and interproximal access during scaling procedures.





Additionally, using an insert that has an adequately functioning water delivery system will flush away debris and improve your visibility of the working area, making treatment far more comfortable for the patient.

### One-stop shop

People today are living longer and holding onto their natural teeth well into later life, and though we are seeing less decay, we are seeing increased levels of gum disease. This puts an emphasis on the need for effective subgingival debridement as a part of maintenance appointments to prevent disease progressing.

For me, my preference has always been to use ultrasonic scaling with Cavatron for the quickest and most effective results. The Cavatron is a one-stop shop for initial therapy, non-surgical therapy and maintenance – it takes care of everything, and it's all you'll ever need. Now boasting Tap-On Technology, both scaling and air polishing can be performed with ease with the Cavatron JET Plus. With a simple change of inserts and a single tap of the foot pedal users can quickly and efficiently switch between the two. This will further enhance stain removal, especially in pits and fissures if necessary.

With a Cavatron you can be assured that for any patient that walks through your door you have everything you need to treat them efficiently and effectively.

To find out more about the role of ultrasonic scalers in practice and the range of inserts available contact DENTSPLY on **0800 072 3313** or visit **dentsply.co.uk**

Visit [dentsplyacademy.co.uk](https://www.dentsplyacademy.co.uk) to view our FREE CPD seminar 'Ultrasonic scaling and why a multi-instrument approach is crucial to patient outcomes' with Joanne MacLeod



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# Patient and cost benefits for your practice

At DENTSPLY safety and cost efficiency are very important. That's why we now manufacture a range of latex free products, and ensure our packaging is economical.

Allergies are a popular discussion point these days, with latex allergies being particularly important in the dental setting. Due to the various equipment and materials used during a treatment, there is a risk of a patient with an allergy coming into contact with natural rubber (latex).

Along with, but not limited to, gloves, rubber dam and suction tubes, one item that may contain latex is a local anaesthetic cartridge. The 'stopper' or 'plunger' and 'diaphragm' were often made from natural rubber and could pose a risk to those that suffered with such an allergy. Latex allergies can lead to a type I or type IV hypersensitive reaction<sup>1</sup>. The former manifests itself immediately and the latter can be delayed. Up to 6% of the UK population is thought to have an allergy to latex and this trend appears to be increasing<sup>2</sup>.

## Dental local anaesthetic cartridge



For peace of mind, it is recommended to choose products that are latex free to help remove this risk. DENTSPLY's full range of local anaesthetics is now latex free, including:

- Xylocaine® 2% with Adrenaline (Epinephrine) 1:80,000 DENTAL
- Citanest® 3% with Octapressin (Prilocaine Hydrochloride and Octapressin corresponding to Felypressin)
- Oraqix® periodontal gel (25/25mg per g lidocaine, prilocaine) injection-free local anaesthetic indicated for scaling and root planing procedures only



## Economically packaged

DENTSPLY understands that local anaesthetic is used frequently during a normal day in a busy dental practice. So, we have packaged our injectable local anaesthetic in packs of 100 to make them more economical for you. Check with your dental dealer to ensure you are receiving the best price for your local anaesthetic as many other manufacturers package their boxes with just 50 cartridges in a pack so it can appear cheaper to purchase when often it is not. Further still, if you purchase through DENTSPLY Rewards you receive an extra 3% back on every purchase of local anaesthetic.

1. Local Anaesthetic Cartridges and Latex Allergy: A Literature Review. Ali R. Shojaei, BSc, DDS., Daniel A. Haas, BSc, DDS, BScD, PhD, FRCD(C)  
2. Allergy UK: [www.allergyuk.org](http://www.allergyuk.org)



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With proven quality, performance and protection, the Nupro family of products from DENTSPLY is leading the way to a more comprehensive approach in preventive hygiene. Nupro prophylaxis paste has almost 100% recognition in the UK by dentists, hygienists, therapists and nurses<sup>1</sup>. It was launched several years ago now and is still a favourite in the hygiene armoury due to its low-splatter consistency, range of grits, and unit dose delivery option for improved infection control.

At the recent EuroPerio in London, DENTSPLY was excited to approach delegates with 11 new great tasting, gluten-free Nupro prophylaxis paste flavours. Participants were asked to select their favourite flavour with a view to launch the winner into the UK market later this year.

The flavours ranged from 'Fruit Punch' and 'Cookie Dough' to 'Zinnamon'. As part of the tasting session we asked delegates what their patients disliked the most in a prophylaxis paste and interestingly 62% said "the taste", so we are hoping the new flavour will make patients more satisfied with their hygiene appointment.

Along with interactions with customers on our social media platforms, a resounding winner was selected. **'Razzberry'** was chosen as the favourite by almost a third of those participating! It will be launched in the near future to accompany the existing Mint and Orange flavours that are already provided by DENTSPLY.



1. Data on file

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We also have a range of troubleshooting guides available on our [dentsply.co.uk](http://dentsply.co.uk) website.

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If you would like a spreadsheet version of the Routine Maintenance Checklist, personalised to your practice needs, then please e-mail [service.uk@dentsply.com](mailto:service.uk@dentsply.com)

Our service centre is relocating and will be closed for the week of 28<sup>th</sup> September 2015. The new service centre will open on Monday 5<sup>th</sup> October 2015.

The address of the new centre from 5<sup>th</sup> October:

DENTSPLY UK Service Centre  
Brunel Way  
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[service.uk@dentsply.com](mailto:service.uk@dentsply.com)

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<b>EndoActivator®</b>	For endodontic treatment
<b>Smartlite® PS/Smartlite® Focus</b>	Curing lights
<b>Promix and Promix II</b>	Amalgamators

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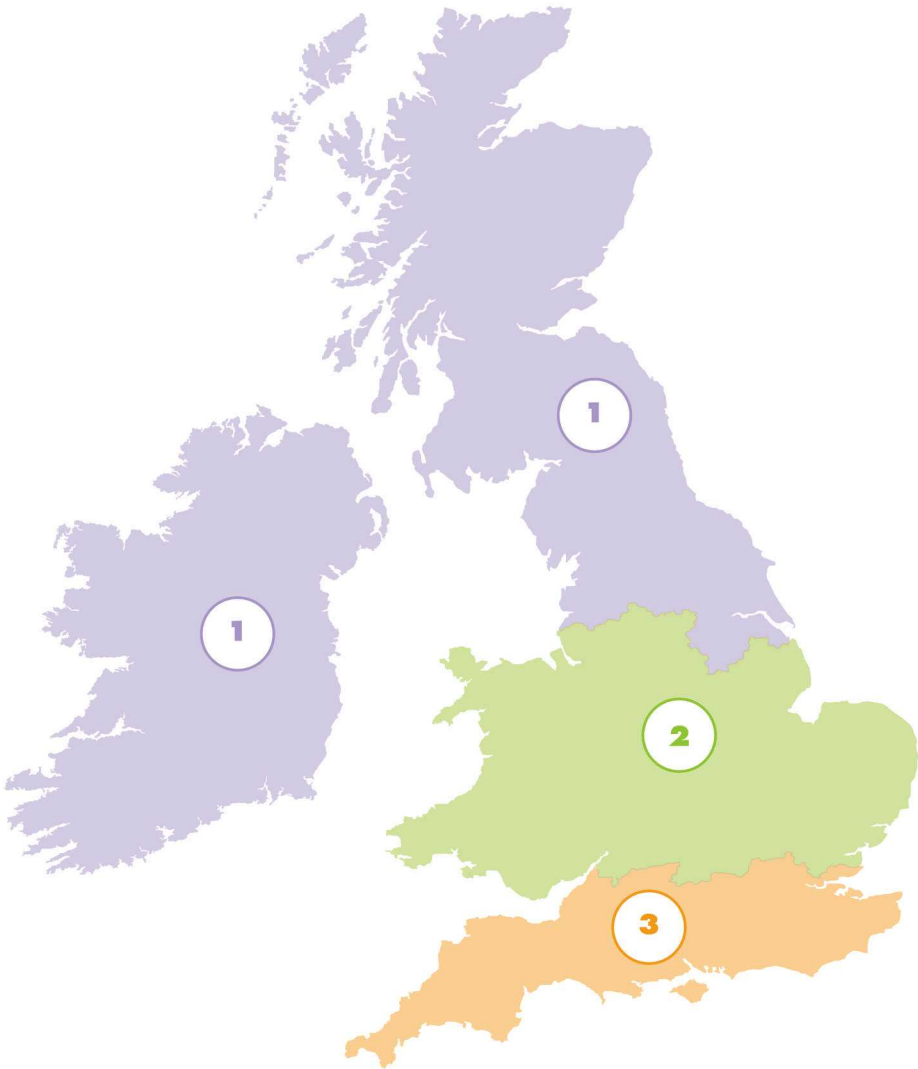
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# It's easy to contact your Sales Specialist

Getting the help, support and information you need from a dedicated member of the DENTSPLY team is quick and easy. Just call your local Sales Specialist listed below.

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Co Dublin, Co Kildare, Co Longford, Co Louth, Co Meath, Co Leitrim, Co Cavan, Co Sligo, Co Wicklow	Andrew Scannell	+353 (0)872 609 592
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Alternatively, should you have any questions regarding DENTSPLY Rewards, or any other aspect of our service, you can also contact our Helpdesk on Freephone **0800 072 3313** or e-mail [helpdesk@dentsplyrewards.co.uk](mailto:helpdesk@dentsplyrewards.co.uk)

For any technical or servicing advice, you can contact the Equipment Technical Helpline on **01932 837 332** or e-mail [service.uk@dentsply.com](mailto:service.uk@dentsply.com)



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