Reduced Registration for Pakistani Delegates

DT Pakistan Report

BUENOS AIRES - The organizing committee of the FDI World Dental Congress (WDC) in Buenos Aires from 5-8 September 2018, has extended reduced registrations for groups from Pakistan. The WDC is back in Buenos Aires after 30 years and delegates colleagues from all over the world will witness the pinnacle of oral health.

FDI and the Confederación Odontológica de la República Argentina (CORA) have jointly developed a scientific programme, with lectures by the world-renowned speakers in English and Spanish.

The WDC will be held at the La Rural Congress Centre. La Rural has been a cultural landmark for Buenos Aires and Argentina for many years because it is the centre of the Rural Show, a very well-known cultural event that takes place every August. FDI has extended special registration package for Delegates from Pakistan provided registration is done through Dental News as a group. All registrations need to be done from Dental News platform with collective payment.

Buenos Aires, the capital of Argentina is a vibrant metropolis, home to some 4 million people in the center and 16 million in the metropolitan area, eye-catching architecture both old and new, and a sizzling arts and cultural scene. The city is a major commercial, financial and political centre for Latin America and an important business meeting point; it is ranked by the International Congress & Conventions Association (ICCA) as the No. 1 city in all of the South America for international meetings.

Quality of Pakistan’s medical education under scrutiny

DT Pakistan Report

ISLAMABAD - Pakistan Medical and Dental Council (PMDC) was recently visited by the Chief Justice of Pakistan, Justice Saqib Nisar and discussed the shortcomings of our country's medical education system. This was Chief Justice's first visit to PMDC to review its performances.

President PMDC and other ad-hoc council members gave presentations regarding the council's work and progress, till date. The CJP appreciated the efforts and did show satisfaction. He also emphasized upon the importance of PMDC as it is Pakistan's apex regulatory body that runs our health care system, education and training system of medical and dental institutions. He spoke to the officials regarding enhancing the quality of medical education to produce well trained doctors.

This year during the month of January, the Supreme Court of Pakistan disbanded its governing council, and formed an ad hoc council to run affairs of the regulator of medical education, chaired by retired Justice Mian Shakiullah Jan. A number of private medical and dental colleges challenged PMDC's set up, claiming that it was illegal and is functioning unlawfully because it was created under the PMDC (Amendment) Ordinance 2015 and that the law has already been lapsed.
Pakistan Shines at 40th Asia Pacific Dental Congress, held in Manila, Philippine

**DT Pakistan Report**

**MANILA, PHILIPPINE** - The 40th Asia Pacific Dental Congress and 109th Philippine Dental Association Annual Convention and Scientific Meeting was held in Manila’s SMX Convention Center, from 7th to 11th May 2018. This international congress was meant for dental practitioners, researchers and allied health professionals, to come together under a single roof, and discuss the rapid advancements in the field of dentistry. This educational program included various esteemed regional and international expert speakers, who dissertated regarding the innovations and breakthroughs in Dentistry, such as Laser, Esthetic, Digital and Implant Dentistry.

It was an honor to witness Pakistan being a part of this dynamic scientific program. Assistant Professor, Dr. Syed Hammad Hassan (Prosthodontics), represented Army Medical College, National University of Medical Sciences, Rawalpindi, Pakistan at the symposium. He presented a comprehensive lecture based on Implant Dentistry; his topic being, 'The Effect Of Platform Switching On Peri-Implant Bone By Varying The Extent Of Implant Abutment Diameter Mismatch.' Dr. Syed Hammad discussed all the scientific and technical aspects and enlightened everyone with his expert views.

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**Dr Waqas given LCCI Award**

**DT Pakistan Report**

**LAHORE** - The LCCI Achievement Awards, 2018 held in Lahore, to acknowledge the role of our country’s business oriented communities that are aiding in Pakistan’s economic development.

Guest of honour on the occasion was former Prime Minister Shahid Khagan Abbasi, who stated that, business community is the economic force of the country and its role is crucial for prosperous progression of the Pakistan. He further added that, the Government is taking various measures to bring the economy back on the rail. The continuous support and co-operation extended by the business community have significantly improved the health of official revenues. Former Prime Minister Shahid Khagan Abbasi, distributed the Achievement Awards amongst the winners, belonging to different business backgrounds.

Mr. Fawad Rana of Lahore Qalandars Cricket team, received the award of Pride of Lahore, Mr. Aqib Javed of Lahore Qalandars received the LCCI Gold Medal Appreciation Award.

Mr. Quatrullah of Quatrullah and Co, Mr. Iftikhar Hussain of Ishiq Steel and Mr. M Afzal of Delta Packaging received the LCCI Gold Medal.

Mr. Shaheen Akram of Mass Pharma, Ms. Qurat ul Ain Irfan of Pacific Pharmaceuticals, Dr. Sohail Mukhtar Ahmed of Ahmed Medix, Dr. Khalid Hameed of Tara Crop Sciences, Mr. Qais Rahman of Kalamkar, Mian Muhammad Kaleem of Al-Tech Engineering and Manufacturers, Muhammad Shahzad of Bao Brother, Mr. Ahmad Irfan of Electro Tech Trading Co.

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**FDI’s Travel Grant’18 for Prof. Fazal Ghan**

**DT Pakistan Report**

**PAKISTAN** - Professor Dr. Fazal Ghan, Head of Prosthodontics Department, Dean Postgraduate Dental Sciences and Coordinator International, Peshawar Dental College (Pakistan), an elective candidate for the position of a member of the FDI Standing Committee on Science, has been awarded with a travel grant by the FDI Membership Liaison and Support Committee. This grant enables Prof. Dr. Ghan to attend 2018’s FDI Congress and General Assembly, in Buenos Aires Argentina. All expenses in regards to travelling will be refunded and one week’s accommodation will be taken care of by the FDI, in addition to free attendance in the Congress.

As beneficiary, Prof. Ghan will have access to attending various events including the FDI business and regular meetings, the Open Forum 1, 2 & 3, General Assembly & A B, NLO Forum, Membership Liaison and Support Committee Meeting, Asia Pacific Regional Organization Meeting, World Oral Health Forum, Women Dentists Worldwide Forum and World Oral Health Day Launch.

In accordance with FDI General Assembly’s Travel Grant, Prof. Ghan will have to prepare reports for the FDI Head Office in Geneva, Switzerland, based on all business meetings he attends. Those reports will serve as an overall review and shall aid in implementing further improvements. They will also help in learning and identifying various strategies and activities for benefitting the oral health system within Pakistan, through involvement of our regional and global health forums and country’s various dental associations.
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National Dental Association to meet July 22-26 in Atlanta

The National Dental Association (NDA) will hold its 103rd Annual Convention from July 22 to 26 at the Atlanta Marriott Marquis in Atlanta. The meeting features timely continuing education classes, a broad mix of speakers, various special events and an abundance of networking opportunities. A product and resource center will feature show-special discounts and door prizes.

Among the meeting's many highlights, at the NDA Presidents' Luncheon on Sunday, July 24, two winning NDA chapters will each receive an engraved plaque and $1,000 awards through the Colgate Bright Smiles, Bright Futures competition. For the 24th year, Colgate and the NDA will recognize NDA chapters for their outstanding contributions to community outreach and oral health scholarships.

This year’s NDA convention will provide a wide variety of scientific sessions with something for everyone. Subject matter experts will provide attendees with successful methods to optimize access and deliver comprehensive patient care, achieve health equity and improve total patient health; increase productivity and grow small businesses in underserved communities; understand the complexities and successfully navigate dental Medicaid programs; and advocate for policy and influence/reform laws that directly impact vulnerable populations and the providers that care for them.

And, of course, there will be some opportunities to explore Atlanta, with the Atlanta Marriott Marquis located in the heart of downtown and just steps away from some of the city’s most popular attractions, such as: the Georgia Aquarium, World of Coca-Cola, Fernbank Museum of Natural History, Stone Mountain Park and Centennial Olympic Park.

NDA-HEALTH NOW
Also in conjunction with the convention, NDA will launch its signature program NDA-HEALTH NOW on Thursday, July 21, at the Andrew & Walter Young Family

High schoolers can smile while exploring dental careers at summer camp in Maine

PORTLAND, MAINE, USA - With the official start of summer this week, many high school students have shifted gears from school studies to summer camp. But not all set their sights on traditional camp activities like swimming, fishing or arts & crafts. In fact, 20 teen-agers in Maine and New Hampshire have chosen to “open wide” to an innovative and interesting alternative.

The University of New England’s third annual “Dental Careers Exploration Camp” is taking place Sunday, June 24, through Tuesday, June 26, on UNE’s Portland Campus. Students hail from the Maine towns of Norway, Saco, Ashland, Chebeague Island, Fort Fairfield, Berwick, North Berwick, Lisbon, Wade, Cape Elizabeth, Kennebunk, Holden and Fort Kent, and from New Hampshire’s Pelham and Lisbon communities.

On Monday, June 25, the high schoolers will get hands-on exposure to various dental techniques in a clinical setting on a patient simulator, including drilling and filling teeth. On the morning of Tuesday, June 26, students will job shadow at dental offices in the area.

“The need for increased access to dental care in Maine is great,” said James Koebel, dean of UNE’s College of Dental Medicine, scheduled to open in the fall of 2013. “We hope this camp will inspire our next generation of dentists. Forty-one percent of Maine’s dentists are 55 years or older, and the American Dental Education Association has forecasted that in five years, more dentists will be retiring from the work force than graduating from school.”

Time Warner Cable is among this year’s sponsors, as part of the company’s Connect a Million Minds philanthropic initiative to encourage young people to pursue careers in science, technology, engineering and math (STEM).

“We share a commitment with UNE to inspire the next generation of scientists, innovators and problem solvers,” said Paul S. Schonewolf, Time Warner Cable’s area vice president of operations. “UNE’s dental camp is a great way for young people to discover their potential for careers in science and technology as well as help address an issue of critical importance in Maine – the acute shortage of dentists.”

- DT America

Pakistan represented at the AAO

PESHAWAR - It is a moment of great pride and honor in terms of International recognition, as Dr. Sohrab Shaheed from Rehman College of Dentistry, Peshawar, represented Pakistan's Orthodontic Fraternity at the American Association of Orthodontics' 118th Annual session. This program was held from 4th to 8th May, in Washington DC. The title of Dr. Sohrab's Oral presentation was based on the "Effect of Sodium Hypochlorite pre-treatment of Enamel on Bond Failure Rate of Brackets Bonded with Resin Modified Glass ionomer Cement: A Randomized Trial."

Dr. Sohrab Shaheed is currently working as an Associate Professor and Head of Orthodontic Department at Rehman College of Dentistry, Peshawar. -PR
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Digitising your implant practice

By Dr Ross Catts

Undoubtedly, digital dentistry is the current topic. Over the last five years, the entire digital workflow has progressed in leaps and bounds. There are so many different digital applications that it is sometimes difficult to keep up with all the advances. Many dentists are excited about the advantages of new technologies, but there are an equal number who doubt that the improved clinical workflow justifies the expense.

I have many times heard the argument that there is no need to try to fix something that is not broken. It is so true that impressions have their place and there are certainly limitations to the digital workflow, but that anyone using the technology should be aware of. For me, however, the benefits of digital far outweigh the disadvantages. In fact, the disadvantages are the same as with conventional techniques.

Chairside CAD/CAM single-visit restorations have been possible for over 20 years, but it was only recently that we became able to mill chairside implant crown restorations after the release of Variobase (Straumann) and similar abutments. I made my first CEREC crown (Dentsply Sirona) back in 2003 with a powdered scanner, and the difference from what I remember to how we can make IPS e.max stained and glazed restorations (Ivoclar Vivadent) now is amazing. An investment not an expense.

The results of a survey regarding predictability levels by reducing human error. In the survey, 89 per cent also said they believed CAD/CAM technology had a major role to play in the future of dentistry. I really cannot imagine that once a dentist has begun using digital processes that he or she would revert to conventional techniques.

What is digital implant dentistry?

Many implant clinicians have probably been using CAD/CAM workflows without even realising it, as many laboratories were early adopters, substituting the lost-wax technique and the expense of gold for fully customised cobalt-chromium milled abutments (Fig. 1).

One of my most important goals in seeking to be a successful implantologist is to provide a dental zirconia customised abutments for over ten years (Fig. 4). What has changed recently in the digital revolution is the rise of the intraoral scanner. We now have a workflow in which we can take a preoperative intraoral scan and combine this with a CT scan using eDiagnostIX (Dental Wings) in order to plan an implant placement accurately and safely. We can also create a surgical guide to aid in accurate implant placement, have a temporary crown prefabricated for the planned implant position and then take a final scan of the precise implant position for the final prosthesis.

Accuracy of intraoral scanners

Figures 4 to 13 show the workflow for preoperative scanning, which includes the implant design, guide fabrication and surgical placement of two fixtures. Intraoral scanners have improved over the last few years, and their accuracy and speed provide a viable alternative to conventional impression taking. The digital scan image comes up in real time and you can evaluate your preparation and quality of the scan on the screen immediately. Seeing the preparation blown up in size no doubt improves the technical quality of your tooth preparations. The scan can then be sent directly to the laboratory for processing.

While we do not think of intraoral scanners as being any more accurate than good-quality conventional impressions, there are many benefits of scanning, such as no more postage to be paid for impressions, vastly reduced cost of impression materials, almost zero re-impression rates and absolute predictability.

Of course, there are steep learning curves with the techniques, but once a clinician has learnt the workflow, there really is no looking back.

We have three different scanners in the practice; the iTero (Align Technology), the CEREC Omnicam (Dentsply Sirona) and the Straumann CARES Intraoral Scanner (Dental Wings; Fig. 14). The CEREC Omnicam is fantastic for simple chairside CAD/CAM restorations, such as IPS e.max all-ceramic restorations on Variobase abutments. For truly aesthetic results, we, of course, still have a very close working relationship with our laboratory, but, undoubtedly, patients love the option.

Continued on page 14
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Combined CAD/CAM-assisted treatment, for a new, beautiful smile

By Dr Marko Ahonen

CEREC has become part of everyday life at our practice where I and three other general dentists work. We treat not only patients from the direct vicinity, but also people who travel a long way to see us. Indeed, these make up around 25 per cent of our client base today. Treatment in a single session is thus an important “added value” service for our patients. And that is reflected in our system’s take-up rate. As a practitioner, it is important to me not to have to compromise when it comes to restorations and, in particular, to have full control over the process at all times. That may sound trivial, but it has a major impact on the treatment itself, including the dental technology aspect, on my time management, as I can treat another patient during CAD/CAM production, and also in the cost-effectiveness of my practice. And, of course, one should not forget the high levels of patient satisfaction. Our patients couldn’t be more impressed with CEREC, especially when they realise the indications for which it can be used in implantology and orthodontics.

The very latest developments have resulted in numerous improvements in terms of the range of applications. CEREC is far more than just a system to produce crowns and bridges. For example, we also use it for orthodontic indications. Here, a guided scan and model analysis assist treatment. With regard to implantology, digital CEREC Omnica. This formed the basis for creating the therapeutic aligners for intrusion in the maxilla and mandible in order to correct the bite (Fig. 3).

The patient wore Invisalign aligners for nine months. This created ideal gingival harmony and sufficient space to place no-prep veneers on the anterior teeth (Fig. 4).

It proved very simple to produce the veneers with the new CEREC software 4.5. The complete scan had a very positive impact on the quality of the initial proposal, enabling the software to use several teeth as a reference for the initial proposal. In line with expectations, a first-class proposal was produced for the desired restoration as previously configured. We provided the patient with a total of six veneers (13 to 23) in the maxilla in a single visit. The shape of the upper veneers was designed to maximise upper lip support.

We also orthodontically modified the position of the teeth in the mandible in order to prepare teeth 32 to 42 for veneers. The no-prep veneers were produced chairside from e.max blocks using extra-fine milling tools and were 0.2 to 1 mm thick (we use both CEREC zirconia and CERASMART in our practice). The margins were designed optimally thanks to the new software-controlled milling algorithms.

This meant no corrections at all were required; adaptation to the natural teeth was immediate and created a highly attractive result.

We were fascinated by the accuracy of the fit. Adaptation is especially good in the lingual area; the interface between the natural tooth and ceramic is barely visible. This is ultimately what we had hoped to achieve.

For enhanced quality of life

Our approach of starting out with orthodontic correction enabled us to greatly influence the overall visual impression of the patient’s face. Following treatment, the patient appeared younger; the teeth can now be seen when the patient talks, and the upper lip is now well supported by the teeth.

For us, this meant an ideal result after nine months without compromises; for the patient it meant a greatly improved quality of life. - DT Finland
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Resistance to anti-fungal drugs increased seen in severe childhood dental caries

PHILADELPHIA, U.S.: Some young children experience severe dental caries that resists normal therapies. According to a recent study carried out by researchers at the University of Pennsylvania School of Dental Medicine, such tooth decay is associated with dental biofilms containing fungi and bacteria. It demonstrated how the sticky matrix produced by plaque bacteria acts as a shield, protecting yeasts from antifungals. However, the research made new findings that point to a way around this defense.

The study demonstrated that, in many cases, early childhood caries results from dental plaque that contains both bacteria and fungi working together to make the biofilm on the teeth more pathogenic and difficult to remove. Now, the researchers have shown that these two types of microorganisms synergize to enhance drug resistance, enabling the fungal cells to avoid being killed by antifungal therapies. However, simultaneously targeting the matrix produced by the bacteria along with the fungus offers a way to address this.

The scientists observed that dental plaque in children with early childhood caries often contained Candida albicans, a fungal species that normally colonizes mucosal surfaces, in addition to Streptococcus mutans, the bacterium generally associated with caries. The research demonstrated that an enzyme produced by the bacteria, termed GtB, can bind to C. albicans and a sticky polymeric matrix forms on its cell surface when sugar is present, enabling the fungus to bind to teeth and associate with bacterial counterparts. Once together, these organisms work in concert to increase severity of caries, as established in a rodent model.

It was investigated whether a two-pronged approach might disrupt the synergistic association to promote effective treatment of the biofilm. Antifungal medicine Fluconazole and povidone-iodine, an antiseptic agent with antibacterial properties, were selected for this purpose. Used alone to treat biofilms grown on a toothlike material in the laboratory, the drugs had only moderate effects, confirming that monotherapy does not work very well against polymicrobial biofilms. In combination, the results were more impressive.

To understand why the combination approach was so effective against C. albicans, even without killing many more bacteria, the researchers looked closely at high-resolution microscopic images of the biofilms treated with the various combinations. They observed that, in untreated biofilms and those treated with solely fluconazole, the fungus was coated with an abundant sticky matrix, which seemed to serve as a protective shield against the antifungal compound. However, in biofilms treated also with povidone iodine, the matrix was substantially reduced, leaving the fungus exposed to the fluconazole.

In the literature, the researchers found that iodine-containing drugs can inhibit the activity of GtB. Based on this, they performed a series of experiments, in which they observed that povidone iodine acted as a powerful inhibitor of the production of the sticky matrix. This led to their hypothesis that the matrix was serving as a “drug-trapping shield,” preventing the fluconazole from accessing and killing the fungal cells.

Using three different assays to disrupt the matrix, either by directly degrading the matrix or using bacteria defective in GtB, the researchers found that the antifungal ability of fluconazole could be completely restored, confirming the role of the bacteria-produced matrix in promoting antifungal drug resistance.

“Available evidence shows that biofilm-associated diseases are polymicrobial in nature, including a mix of bacterial and fungal species; therefore, a treatment aimed at just one type of microorganism may not be effective. I think this work gives us a glimpse into alternative ways to disrupt cross-kingdom biofilm, a combinatorial approach that considers the fungal and bacterial components,” said senior author Prof. Hyun Koo from the Department of Orthodontics at the dental school. - DT India

FDA warns against use of Benzocaine

Earlier, it was announced by FDA that, oral health products containing benzocaine used for temporary relief of sore gums, due to teething in infants and children should no longer be marketed. The agency warned the associated companies and manufacturers and the citizens against its grave affects and that they pose a serious risk to infants and children.

FDA stated that, they will soon start initiating regulatory actions to remove such products from the market, if companies fail to comply. Furthermore, FDA has issued a statement regarding adding warning labels to these products, to list serious risks.

FDA Commissioner Scott Gottlieb, MD, stated that: “Because of the lack of efficacy for teething and the serious safety concerns we’ve seen with OTC benzocaine oral health products, the FDA is taking steps to stop use of these products and raise awareness of the risks associated with other uses of benzocaine oral health products. In addition to our letters to companies who make these products, we urge parents, caregivers and retailers who sell them to heed our warnings and not use OTC products containing benzocaine for teething pain.”

A new Drug Safety Communication expanded on previous warnings about risks associated with benzocaine products for methemoglobinemia, a dangerous and potentially fatal condition caused by elevated levels of methemoglobin in the blood, substantially reducing the amount of oxygen carried through blood. For treating teething pain, FDA advises parents and caregivers to follow recommendations from the American Academy of Pediatrics (AAP), and either use a teething ring made out of firm rubber, or gently massage the child's gums with a finger to relieve symptoms.

According to the AAP, pain relievers that are rubbed onto the gums for teething are not useful, as they wash out quickly and may present safety concerns. - PR
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HEC gets new chairperson

He was a member of Steering Committee on Higher Education Reforms, the body that played an important role in the inception of Higher Education Commission in year 2002; and is now appointed as its 4th Chairperson.

Dr. Banuri is also a part of United Nations as a research fellow. He has also served as Founding Executive Director, Sustainable Development Policy Institute (SDPI), Pakistan. He has also remained a member of the Board of Governors, State Bank of Pakistan and worked as Coordinating Lead Author on the Nobel Prize winning Inter-governmental Panel on Climate Change (IPCC).

He expressed his gratitude to the PM and HEC’s selection committee, to believe in him and to honor him with such a position. He firmly believes in focusing on the quality of education, for which he stated to the large attendees that the main aim of the education sector, and to overcome all the shortcomings. He insisted all board members to support each other and work as a team, to build a better organization and produce excellent educational standards.

Dr Waqas given LCCI Award

Dr. Waqas Siddiqui of Ravi Advertising and Mr. Siddique Rehan of Commercial Carriers received the Businessmen Achievement Awards.

Dr. Waqas Wahab of Clearpath Orthodontics received the Emerging Enterprises Award.

National Dental Association to meet July

YMCA, 2220 Campbellton Road SW, from 8:30 a.m.-2 p.m.

NDA-HEALTH NOW is a grassroots, community-based effort to increase access to oral health in underserved populations. The event will be hosted for the YMCA’s Summer Camp children, their families and the surrounding community. The project is made possible with funding from the W. Kellogg Foundation and The Coca-Cola Foundation. Key collaborators for this event are: Colgate, Morehouse School of Medicine, the Georgia Dental Society and the North Georgia Dental Society.

Other community partners include AtlantaStar Health System, Mobile Expressions Inc., Georgia State University Perimeter College, Wholistic Stress Control Intervention Inc., Center for Black Women’s Wellness, Atlanta Technical College, Starbucks Camp Creek, Crystal Waters, Atlanta Chapter of the Links Inc., WellCare, C.H.O.I.C.E.S. and Fulton County Department of Health and Wellness. NDA national corporate partners are: Sunstar Americas Inc., Henry Schein Carex, Aetna, General Electric, A-dc, ADI-MOBILE, Patterson Dental, and Crest— Oral B.

About the NDA

The National Dental Association promotes oral health equity among people of color by harnessing the collective power of its members, advocating for the needs of and ensuring dental students of color, and raising the profile of the profession in its communities. - DT America

Digitising your implant...

Continued from page 6

of restoration in a day. Being able to scan an implant abutment and then an hour later (to allow for staining and glazing) fitting the definitive restoration is a game changer. Patients also love watching the fabrication process as they see their tooth being milled from an IPS e.max block.

Figures 15–19 show the production process, including the exposure of the implant, the abutment seating, the scan flap on top of the abutment, the healing abutment during fabrication and the delivery of the final prosthesis. However, for more than single units or aesthetic single-unit cases, we use the iTero and Straumann scanners. The latter we have only had at our disposal since February. While it is a powdered system at the moment, this is due to change this month. Particularly with implant restorations, the need to apply a scanning powder is a limitation, owing to a lack of moisture control contaminating the powder. The technique, however, is superb, as is the openness of the system, which provides the advantage of being able to export files into planning software. A colleague of mine even uses it for its orthodontic cases now instead of full impressions.

We invested in the iTero scanner five years ago and have used it for everything, from simple conventional crowns and bridges to scanning for full-mouth rehabilitations. When fabricating definitive bridge, we use Cerec Merlin software for CAD/CAM-milled titanium and cobalt–chromium frameworks. Even though intraoral scanning appears extremely reproducible and accurate, I still use verification jigs where needed. Our framework designs are as accurate as possible. There are many intricacies that we consider and tips and techniques that we employ to make the scans more accurate that we have developed over time. The closer the scan to the final, the more accurate the scan is. Also, the more anatomical detail, such as palatal rugae or mucosal folds, the better the scans can be stitched together.

Figure 20 shows a CBCT volume to aid in planning for mandibular implant placement (Fig. 21) and realising the implant placement. We exposed the fixtures and placed Straumann Mono Scanbodies (Fig. 22).

Then, we take an iTero scan of the fixtures in situ (Fig. 23) and made a verification jig from this (Fig. 24) to ensure passive implant positioning.

The iTero models were made (Fig. 25) and a Createch titanium framework was used to support porcelain in a screw-retained design (Fig. 26). The last two figures show the excellent outcome and accurate framework seating (Figs. 27 & 28).

Choosing your workflow

There are many different systems on the market now, each offering a one-stop-shop. If you are considering investing in a digital scanner, then take some advice from colleagues. One of the most important things is to ensure the system you opt for is an open one that allows you to extract the digital impression data into different software. We extract our files into CT planning software, as we prefer to have the bars milled for stents, temporaries and definitive restorations, and now orthodontic planning software.

I am convinced there will be yet more advances with time. The size of the camera is critical—some can be very cumbersome—and it is worth asking the salesperson what developments are underway.

Some companies are more on the cutting edge than others. My favourite at the moment is the Straumann scanner. Its design is light and friendly and it synchronises perfectly with implant planning software CoDiagnostiX. Furthermore, while it offers a chairside milling unit, it also synchronises perfectly with my laboratory for larger cases.

To conclude, digital implant dentistry is the future and so why not take advantage of it and help improve your clinical outcomes?

Sometimes, giving up your privacy is a little like going to the dentist and we have let him have access that no one’s ever had. — Tom Petty
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