


# DENTAL ADVISOR™

Product insights you can trust.

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2018  
Clinical  
Problem  
Solvers 







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previously unresolved issues in dentistry.

We know that individual practicing dentists face an over-abundance of products (new and old) to choose from on a daily basis and limited time and resources can hinder the ability to thoroughly investigate the claims of manufacturers. It is gratifying to be able to combine our experiences as practicing dentists and clinical evaluators to offer you this list of go-to products that truly solve clinical problems.

While we all have our own opinions regarding individual products, this issue more directly offers you our advice on how these products can be utilized to overcome a specific challenge.

I hope you find these suggestions useful, and please keep your own recommendations coming! As always, you may reach me at [drbunek@dentaladvisor.com](mailto:drbunek@dentaladvisor.com).

—Sabiha S. Bunek

**QwikStrip™**

QwikStrip  
[www.qwikstrips.com](http://www.qwikstrips.com)



CLINICAL  
PROBLEM  
SOLVER



**Clinician:** Dr.Sabiha Bunek

**PROBLEM:**

Using a handpiece or a disc to perform IPR or to finish interproximal contacts after cementing indirect restorations can cause open contacts, soft tissue damage, nick the teeth being adjusted, or alter the angulation of the teeth.

**SOLUTION:**

The innovative design of **QwikStrips** provides the right solution to these troubling outcomes. The ergonomics of the handle allows for precise tactile control, the depth limiting design helps eliminate soft tissue injury, while the floss tether holes provide an additional safety feature. **QwikStrips** are available in single-sided, double-sided, curved, and serrated options. They range in size from .05 mm up to .5 mm, making them ideal for any IPR case by simply following the color-coded sequence guide. **QwikStrips** are available in a new 10-pack case which is autoclavable, as well as a 90- or 180-piece bulk pack.



**TheraCal LC**

Bisco  
[www.bisco.com](http://www.bisco.com)



CLINICAL  
PROBLEM  
SOLVER



**Clinician:** Dr. Edward Lowe

**PROBLEM:**

It is time consuming to place a liner under deep restorations because most materials on the market have to be hand mixed or triturated.

**SOLUTION:**

**TheraCal LC** is a resin-modified calcium silicate filled material ideal for indirect and direct pulp capping, and as a base/liner. It is easier to use than other materials because it is dispensed in a flowable syringe, allowing for direct placement over the affected area. It is light cured so working time can be controlled.



## Axess® Low Profile Nasal Mask

Crosstex  
www.crosstex.com



**Clinician:** Dr. John W. Farah

### PROBLEM:

Our nitrous masks are large and bulky, and often get in the way when working on a patient. If a patient moves during treatment, the mask can become displaced, needing constant adjustment and monitoring that breathing is correct.



Traditional nitrous mask



Low profile nitrous mask

### SOLUTION:

**Axess® Low Profile Nasal Masks** are seated in a lower profile position to provide a good seal to minimize the need to adjust the mask multiple times during a procedure. The mask is latex- and rubber-free, and is available unscented, or scented in bubble gum and mint. The translucency of the mask allows you to observe patient breathing, ensuring a consistent delivery of nitrous oxide.

## Harmonize Universal Composite

KaVo Ker  
www.kavokerr.com



**Clinician:** Dr. Sabiha S. Bunek



### PROBLEM:

Most composites are a bit sticky and require the use of a wetting agent to manipulate the material. Challenging esthetic cases require just the right amount of precision in placement.



### SOLUTION:

**Harmonize Universal** is the first composite I have come across where I do not need a wetting agent to sculpt the material. The composite is soft yet moldable, and does not stick to the instrument. It comes in a variety of esthetic shades that can be layered to use in anterior or posterior areas. It also polishes well, leaving a glass-like finish that blends in with surrounding tooth structure.

## ROEKO Surgitip Endo

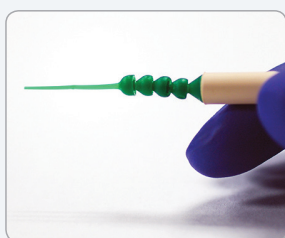
Coltene  
www.coltene.com



**Clinician:** Dr. Sabiha S. Bunek

### PROBLEM:

Using a traditional HVE or surgical HVE suction to remove irrigation solution during an endodontic procedure does not effectively reach the bottom of the canals. This results in a larger amount of paper points needed and increases the time to complete the drying process before filling the canal.



### SOLUTION:

**ROEKO Surgitip Endo** is an aspirating tip specifically designed to dry canals. Its unique design allows for multi-directional flexibility to easily reach canals without having to manipulate the tip into position. It removes irrigants quickly and effectively, requiring fewer paper points.

## Ivory® ReLeaf™

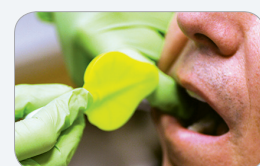
Kulzer  
www.kulzer.com



**Clinician:** Dr. Ona Erdt

### PROBLEM:

It can sometimes be difficult for doctors working without assistants and hygienists to manage suction during a procedure. Saliva ejectors cannot always be properly positioned and do not hold their shape.



Easy insertion of Re-Leaf



Re-Leaf in place, no assistance needed

### SOLUTION:

**Ivory® ReLeaf™** fits comfortably into the patient's buccal vestibule, while suctioning and retracting the cheek at the same time. This product is also less bulky than other suction and retraction systems, making it more acceptable to patients. The field of view increases using **Ivory ReLeaf**, and allows easier operator access to all areas of the mouth while maintaining a dry field.



Patient holding saliva ejector



## RVG 6200 with Logicon

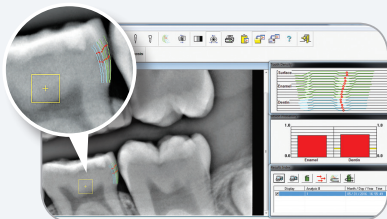
Carestream Dental  
www.carestreamdental.com



**Clinician:** Dr. John Farah

### PROBLEM:

Traditional caries detection relies on a clinical examination and, as appropriate, radiographs. A caries detection device can be used in addition to these, requiring an additional step.



### SOLUTION:

The **RVG 6200 Sensor** with **Logicon** offers crisp and immediate interpretation. Its part of the **RVG** sensor series, the only one that integrates with **Logicon** computer-aided caries detection software. Sensor installation and integration is quick and intuitive, and you can select anatomical image mode (dentin-enamel junction mode for caries, endodontic or periodontic modes) and sharpness. The integrated **Logicon** caries detection software automatically helps you detect caries, including early caries, without needing any additional device.



## Dynamic Disposables® Snapeeze™ Face Shield

Palmero Healthcare  
www.palmerohealth.com



**Clinician:** Shelby Crawford, DA

### PROBLEM:

Wearing prescription eyeglasses while working on patients can be difficult as side shields do not offer a custom fit. Many available visors interfere with glasses and constantly need adjustment.



Traditional visor shield

### SOLUTION:

**Snapeeze** do not have a fitted nosepiece and sit on the top of the frame of prescription eyeglasses. The self-sealing, single-use face shields are designed to prevent splatter exposure. A lightweight frame fits prescription eyewear simply and snugly.



Snapeeze face shield

## Composi-Tight® 3D Fusion™ Ultra Adaptive Wedges

Garrison Dental  
www.garrisdental.com



**Clinician:** Dr. Sabiha S. Bunek

### PROBLEM:

Traditional wedges typically do not adapt to the interproximal margins well. It is often difficult to create a tight contact, particularly in small spaces.



### SOLUTION:

**Composi-Tight® 3D Fusion™ Ultra Adaptive Wedges** include fins that help retain the wedges following insertion. They have a soft outer overlay that molds itself to the root surface and provides a superior seal.



## OraVerse™

Septodont  
www.septodontusa.com



**Clinician:** Dr. Ona Erdt

### PROBLEM:

Patients complain about the unnecessary lingering anesthesia that follows a dental appointment, in some cases lasting 3-4 hours. It is uncomfortable and interferes with daily activities.



### SOLUTION:

**OraVerse™** is a local anesthesia reversal agent that accelerates the return to normal sensation and function for patients after routine dental procedures. It is a formulation of phentolamine mesylate and is recommended for adults and children ages 6 and older and weighing 33 lbs or more. Cartridges are well marked with a green label to differentiate them from anesthetic. Simply administer via the same injection site and reversal of anesthetic effect will occur.



## cara Scan 4.0i

Kulzer  
www.kulzer.com



**Clinician:** Dr. Gary Bloomfield

### PROBLEM:

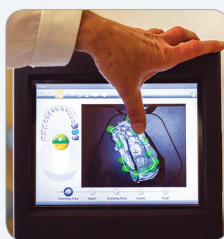
Traditional impression methods require an accurate material, shipping and a model, to complete a case. Additional time is spent processing the case to completion. In addition, traditional materials do not always scan well, or can be distorted in the process of shipping to the lab.

### SOLUTION:

**cara Scan 4.0i** partnered with **Flexitime Fast & Scan**, a scannable VPS impression material, allows a clinician to conveniently take a final impression, scan it in-office and send over data to their lab of choice to be fabricated. This method saves on shipping costs, time to prepare and receive a shipped case, and offers immediate review by the laboratory.



Entering case data prior to scanning



Adjusting scan area on the screen using moveable points

## Bib-Eze™ Disposable Bib Holders

Kerr TotalCare  
www.kerrdental.com



**Clinician:** Shami Tamber, C.D.A.

### PROBLEM:

Metal bib clips and chains are difficult to clean between patients, and get misplaced often.



### SOLUTION:

Multiple studies have found that traditional bib clips and chains can be a source of cross-contamination. **Bib-Eze™** is a disposable bib clip and fastener, all in one. It is simple to use, cost effective, and limits cross-contamination.



## Anutra Local Anesthetic Delivery System

Anutra  
www.anutramedical.com



**Clinician:** Dr. Julius Bunek

### PROBLEM:

Patients who are in a lot of pain or have a lot of anxiety about dentistry typically are very concerned with the administration of anesthetic before and throughout the appointment.

### SOLUTION:

**Anutra Local Anesthetic Delivery System** is a buffering system which allows a doctor to begin working immediately following administration of anesthetic, cutting back on chair time and anxiety for the patient. **Anutra** can also be used as a topical anesthetic before an injection is given.



## Ultra® Sensitive Earloop Masks

Crosstex  
www.crosstex.com



**Clinician:** Shelby Crawford, DA

### PROBLEM:

Clinicians with sensitive skin require a mask that will not make their skin red and blotchy.



### SOLUTION:

**Ultra® Sensitive Earloop Face Masks** are void of all inks, dyes and chemicals and designed specifically for people with sensitive skin. These masks are extremely comfortable and will not lint, tear or shred.

## Maxcem Elite™ Chroma

KaVo Kerr  
www.kavokerr.com



**Clinician:** Dr. Sabiha S. Bunek



### PROBLEM:

It's challenging to know the ideal time is to start removing excess cement after seating a restoration. If you wait too long, clean up can be a nightmare.

### SOLUTION:

**Maxcem Elite™ Chroma** is the first self-adhesive resin cement with color changing chemistry that lets you know when the cement is ready for clean up. The cement dispenses pink but fades in color when it reaches its gel state, indicating the most ideal time to remove excess material. Once it's ready to be removed, the excess cement peels off in one motion. There is less discomfort to the patient and it saves time.

## MI Paste® ONE

GC America Inc.  
www.gcamerica.com



**Consultant:** Dr. Fiona Collins

### PROBLEM:

Adult patients who present with dental caries can also have exposed areas of dentin following gingival recession. These root areas can be sensitive and are at risk for root caries.

### SOLUTION:

**MI Paste® ONE** is a fluoride toothpaste containing RECALDENT Technology, which has been shown to help remineralize white spot lesions. It acts as a two-in-one product, by also helping to clean teeth during brushing. General fluoride protection against dental caries and desensitization of areas of exposed dentin are added benefits.



## Featherlight Cordless Hybrid

Ultralight Optics  
www.ultralightoptics.com



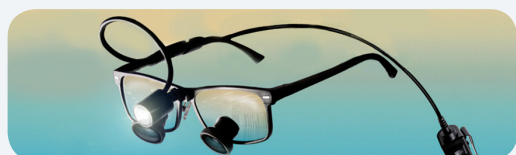
**Clinician:** Dr. Julius Bunek

### PROBLEM:

Some cordless loupe lights tend to be heavy and they do not connect securely to the loupes, needing constant adjustment.

### SOLUTION:

**Featherlight Cordless Hybrid** is the lightest loupe light on the market with custom fit mounts for each brand of loupe. Since the device is also cordless, it eliminates the problem of tangling hands and arms with cords plugged in elsewhere.



## DentaPure®

Crosstex  
www.crosstex.com



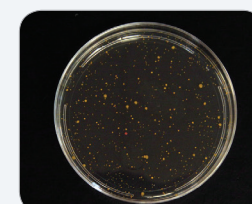
**Consultant:** Dr. John A. Molinari

### PROBLEM:

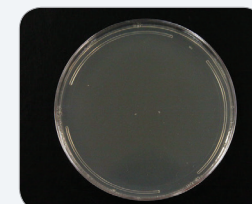
Many offices are not knowledgeable on the importance of treating their dental waterlines or how to treat them properly. Left unmanaged, water passing through long, narrow and moist DUWLs can harbor dangerous bacteria.

### SOLUTION:

Installation of one **DentaPure®** cartridge for bottles or municipally plumbed units provides compliant water for 365 days or 240 L of water. Your waterline treatment protocol becomes a simple annual routine. Protecting your patients, staff and practice has never been easier.

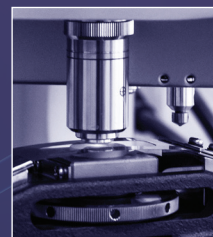


Culture prior to treatment.



Culture after prolonged exposure to **DentaPure** treatment.





## Bond Strength of Parkell Universal Adhesive to Unground and Ground Enamel and Superficial Dentin

L. M. Pinzon<sup>1</sup>, J.M. Powers<sup>2</sup>

<sup>1</sup>University of Utah School of Dentistry, <sup>2</sup>Dental Consultants, Inc.

### Purpose:

To determine the bond strength of **Parkell Universal Adhesive** bonded to tooth structure.

### Experimental Design:

#### Materials:

**Adhesive/Composite:** **Parkell Universal Adhesive/HyperFill** (HF), **Parkell Universal Adhesive/ Hyperfill HAP** (HF-HAP), **Parkell Universal Adhesive/Absolute D-LV** (ABS)

**Substrate:** Unground enamel, ground enamel, superficial dentin

**Phosphoric acid etch:** Yes, no

**Specimens per condition:** 8

#### Methods:

Buccal and lingual surfaces of freshly extracted human third molars were mounted in resin and ground or not ground with 600-grit SiC discs to produce substrates of ground enamel, unground enamel and ground superficial dentin. In the one group, the bonding agent were applied on unetched specimens according to the manufacturer's instructions. In the second group, the substrates were etched with phosphoric acid before application of the bonding agent. The composite build-ups were bonded to the surface in a shape of a cilinder with area of 1 mm<sup>2</sup> at the bonded surface and 3 mm at the top of the cilinder. There were 8 specimens per condition for a total of 144 specimens. After bonding, the specimens were stored in water at 37° C for 24 hours. They were then debonded in tension with an Instron testing machine at a crosshead speed of 1.0 mm/min. Bond strength values were calculated. Failure modes were determined using magnification. Means and standard deviations were calculated. Means were compared using three-way analysis of variance. Fisher's PLSD intervals were calculated at the 0.05 level of significance.

### Results:

Bond strengths are shown in the table. In all cases, etching with phosphoric acid resulted in higher bond strengths than not etching with phosphoric acid. With one exception, bond strengths to unground enamel, ground enamel and dentin were greater than 30 MPa. Composites HF and ABS had the highest bond strengths to unground enamel, Composite HF-HAP had the highest bond strength to ground enamel. Composite ABS had the lowest bond strengths to dentin.

	HF	HF	HF-HAP	HF-HAP	ABS	ABS
Composite etch	Yes	No	Yes	No	Yes	No
Unground enamel	52.2 (3.7)	45.6 (3.9)	38.5 (5.0)	33.4 (4.7)	58.1 (4.1)	53.8 (3.2)
Ground enamel	44.8 (3.6)	37.4 (3.3)	54.5 (3.2)	50.9 (5.6)	50.0 (3.3)	43.5 (3.2)
Dentin	50.6 (3.8) <sup>a</sup>	42.5 (3.4)	51.0 (2.3) <sup>a</sup>	44.4 (3.1)	32.9 (3.2)	29.0 (2.4)

\*Means with standard deviations in parentheses. Fisher's PLSD intervals for comparisons of means among substrates, among composites and between etched and not etched were 1.5, 1.5 and 1.2 MPa, respectively. Means with the same superscripted letters are not statistically different at the 0.05 level of significance (you can find statistical analysis on page 3). Failure mode was 100% Adhesive for all the conditions.

### Conclusions:

In conclusion, the bonding ability (greater than 30 MPa for all the tested conditions) of **Parkell Universal Adhesive** is comparable to the other contemporary bonding agents currently available in the US market. **Parkell Universal Adhesive** has a high potential applicability in adhesive dentistry.

AMD Medicom, Inc.  
www.medicom.com

91%  
overall  
rating

## Description

**SafeGauze® Hemostat™** is a topical hemostatic dressing that is delivered as a sterile fabric. It is prepared by chemical treatment of regenerated cellulose and designed to be easy to use and to offer safe and effective control of bleeding following extractions and other surgical procedures such as free gingival grafts, or sinus lifts. When contacting blood or exudates, the dressing expands and transforms into a clear, viscous gel that fills the wound void, seals capillary ends, activates the clotting system and thereby helps to stop bleeding. **SafeGauze Hemostat** is available in boxes containing 20 sterile units.

## Unique Features

- Made from 100% cellulose with no porcine or other animal-based products
- Transforms into a viscous gel within seconds for easy placement
- Quickly aids in the formation of a strong clot for effective bleeding prevention
- Natural antibacterial properties promote wound healing

"IT WAS EASY TO PACK INTO THE SOCKET, EXPANDED WELL AND KEPT ITS INTEGRITY."

## Consultants' Comments

- *Fast and effective hemostasis. It removed the need to suture weeping sites."*
- *"Easy to use, good consistency and stays firm for some time."*
- *"Adheres well to the mucosa. Good gel viscosity."*
- *"Minimum adhesion to the instrument."*
- *"Easy to dispense and easy to trim."*
- *"A little hard to get off the cotton forceps but it did not disintegrate when in contact with blood."*
- *"Tendency to stick to the instrument once it contacts blood and even sticks to itself."*
- *"It gelled so quickly I had difficulty packing it."*
- *"I found the gauze pieces to be too large generally. Plan on cutting them to the size you need."*
- *"One packet (two sponges) was good for a molar, but sometimes I just need a smaller piece."*
- *"Clean-up of adjacent tissue was difficult."*
- *"Some patients thought it felt slimy or gooey."*

## Indication

- Post-oral surgical hemostasis

## Clinical Tips

- Be judicious about your initial placement as once it contacts wet tissue, it tends to cling there.
- Cut to size first and use a non-stick instrument for placement.
- Fold and roll the gauze into a "roof" shape and place inside the socket, then cover with a traditional gauze and bite on to apply direct pressure.
- Monitor after placing to remove the excess gel quickly.
- Lube your plastic instrument before you start packing the socket to help with tissue pull-back.

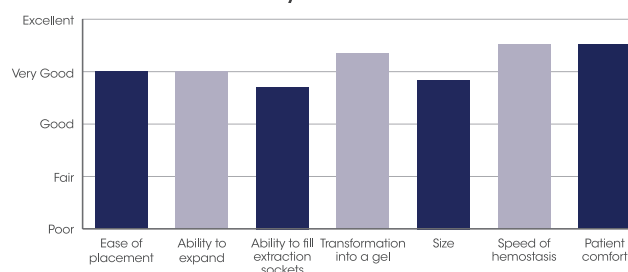


## Evaluation Highlights

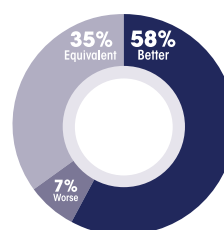
**SafeGauze Hemostat** was evaluated by 26 consultants and used in total 259 times.

- Sterile fabric
- Effective hemostasis
- Adheres well to mucosa
- Available in one size

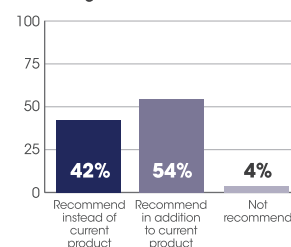
### Key Features:



### Compared to Competitive Products:



### Percentage of Consultants Who Would:





DiaDent

www.diadent.com



96%  
overall  
rating

## Description

**Duo-Gun** is a cordless, backfill obturation device designed to deliver a fast and continuous flow of gutta percha, and precise three-dimensional obturation. The heating system has a variable temperature setting and reaches 200°C within 15 seconds. The obturation tips are flexible yet extremely strong, and the thin tips enable access into narrow root canals. The handpiece is designed for left- and right-handed clinicians, with complete freedom of movement, and has a power button and display window on both sides. The display window shows the temperature and remaining battery power. The device can also be used to finish obturation after the master cone technique has been used. **Duo-Gun** is available as a kit containing the handpiece, charger, gutta percha obturation tips (23G, 4/box), plunger set, multi-tool, safety caps (2/pack), plunger O-ring assembly (2/pack), scrubbing brush, battery, and power adapter, and cord. Individual components are also available, including 23G and 25G obturation tips. **Duo-Gun** and **Duo-Pen** can be purchased together as a set called **Dia-Duo**.

## Clinical Tips

- The tip is soft and flexible enough that the tip bender is not required most of the time
- Very similar to comparable units - short learning curve
- Retraction is a must - the metal tip is hot

## Indication

- Root canal obturation (backfill obturation)

"THE GUN LOOKS AND FEELS GREAT. IT HEATS UP ALMOST INSTANTANEOUSLY."

## Consultants' Comments

- "The tip is incredible and by far the most flexible tip I've seen. It's easily bent and rebent in any direction, and does not kink."
- "Cordless and stayed charged."
- "The tips are flexible enough to navigate around some curves, but stiff enough to not bend when advancing through those curves."
- "We were able to control flow. It was easy to fill the canal after the master cone."
- "I was impressed at how easy this gun is to use and became very comfortable with it."
- "I would prefer to know how much of the pellet is left."



## Unique Features

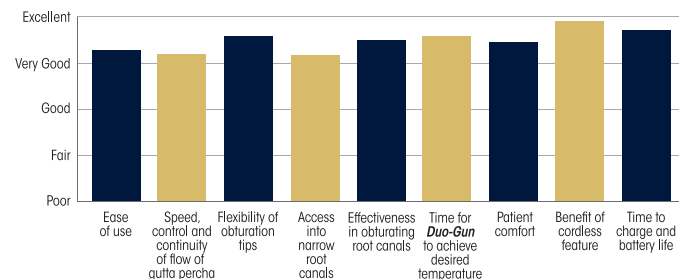
- Flexible and bendable obturation tips available in 23G and 25G.
- Variable temperature settings (140°C, 170°C and 200°C).
- Power button and display on both sides of handpiece.
- Ergonomically designed - operate hand trigger obturation with minimal effort.
- High-energy, replaceable lithium-ion battery.

## Evaluation Highlights

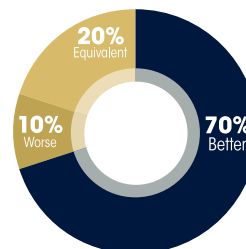
**Duo-Gun** was evaluated by 10 consultants and used a total of 256 times.

- Cordless and easy to use
- Flexible, bendable obturation tips
- Effective in obturating canals
- Reliable and consistent gutta percha flow
- Short time to charge and good battery life

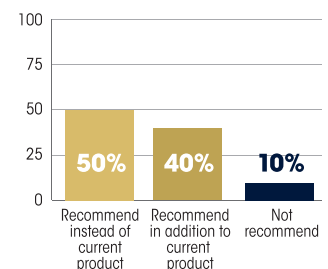
### Key Features:



### Compared to Competitive Products:



### Percentage of Consultants Who Would:





Ivoclar Vivadent, Inc.  
www.ivoclarvivadent.com

## Description

**Variolink® Esthetic** is an esthetic adhesive resin cement for the permanent cementation of ceramic and resin composite restorations.

**Variolink Esthetic** combines features of its predecessors, **Variolink® II** and **Variolink® Veneer**. It is available in light-cured (LC) and dual-cured (DC) versions. **Variolink Esthetic** contains the patented light initiator, *Ivocerin*, which is 100% amine-free for enhanced shade stability. **Variolink Esthetic LC** is indicated for use with glass-ceramic, lithium disilicate and composite restorations such as inlays, onlays, and veneers with a material thickness of less than two millimeters and sufficient translucency for light penetration. **Variolink Esthetic DC** is designed for cases in which full light-curing cannot be achieved, including opaque ceramic and composite inlays, onlays or partial crowns, and crowns and bridges. Each formulation has five shades available: *Light+*, *Light*, *Neutral*, *Warm*, and *Warm+*. **Variolink Esthetic LC** is supplied in 2 g syringes, while **Variolink Esthetic DC** is available in 5 g and 9 g (*Light*, *Neutral* and *Warm* shades) automix syringes.

**99%**  
rating at  
recall

## Clinical Evaluation Protocol

A total of 216 restorations were placed with **Variolink Esthetic** between January 2016 and May 2017. As of February 2018, 26 restorations had been placed less than six months at recall, 64 from six months to less than one year prior to recall, 73 between one year and less than 18 months previously, and 53 at least 18 months prior (Figure 1). Restorations were placed on 56 molars, 40 bicuspids and 120 anterior teeth (Figure 2). The restorations included 26 upper and 30 lower molar crowns, 19 upper and 19 lower bicuspid crowns, 86 upper anterior and 15 lower anterior crowns; one upper bicuspid, 15 upper anterior, and one lower anterior veneers; three upper anterior bridges; and one upper bicuspid onlay. Sixteen restorations were placed with **Variolink Esthetic LC** and 200 with **Variolink Esthetic DC**.

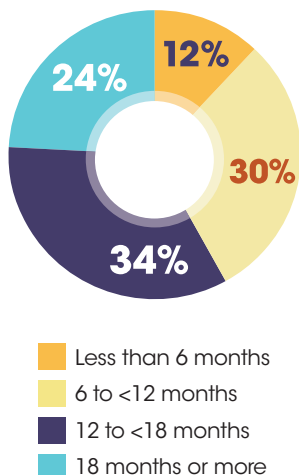
## Results at 18-Month Recall:

Recalled restorations were evaluated in the following areas: esthetics, lack of sensitivity, resistance to marginal discoloration, and resistance to fracture/chipping. Restorations were evaluated on a 1-5 rating scale:

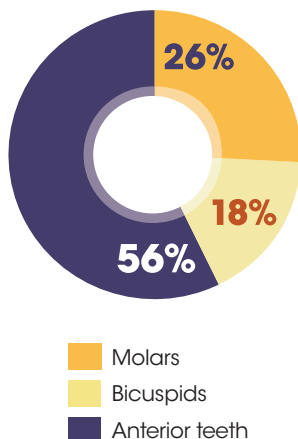
1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

Three teeth were extracted at recall for reasons unrelated to the restorations.

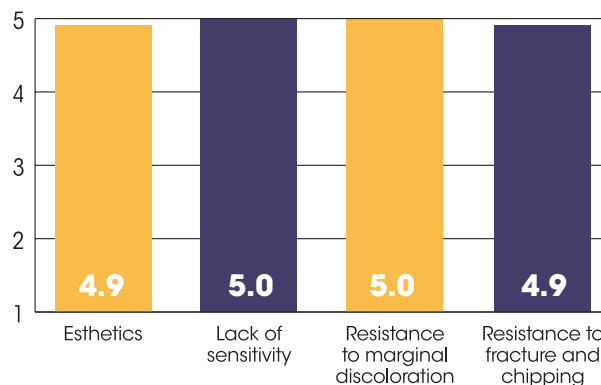
**Fig. 1:** Age of restorations using **Variolink Esthetic**.



**Fig. 2:** Area of restorations using **Variolink Esthetic**.



**Fig. 3:** Results of 18-month recall of restorations placed with **Variolink Esthetic**.





## 18-MONTH CLINICAL PERFORMANCE



## Esthetics

Two hundred and thirteen restorations (99%) placed with **Variolink Esthetic** (16 with LC cement and 197 with DC cement) received an excellent rating of five for esthetics (Figure 3). Clinicians commented on the excellent esthetics.

## Lack of Sensitivity

Two hundred and fourteen of the 216 restorations placed with **Variolink Esthetic** received an excellent rating of five, with no reports of sensitivity (Figure 3).

## Resistance to Marginal Discoloration

All recalled restorations (100%) placed with **Variolink Esthetic** received an excellent rating of five (Figure 3). No microleakage was observed.

"GREAT SHADE SELECTION AND SHADES THAT REMAIN STABLE OVER TIME."

## Consultants' Comments

- "Variolink has been my go to esthetic cement for 30 years. It results in excellent esthetics every time."
- "Variolink Esthetic is an improvement over a proven cement."
- "I love the DC feature of Variolink Esthetic - it gives me assurance of a good set even in deep preparations."

## Resistance to Fracture/Chipping

At recall, 214 restorations placed with **Variolink Esthetic** were intact and received an excellent rating of five (Figure 3). Two restorations fractured. A crown was replaced with an onlay. Another crown fractured and was replaced due to a patient's deep impinging bite.


**Variolink Esthetic**  
**18-Month Clinical Performance**

Ivoclar Vivadent, Inc.

## Conclusion

Over the 18-month recall period, the clinical performance of recalled restorations placed with **Variolink Esthetic** was **exceptional**. Esthetics were **excellent**, as were the lack of sensitivity, resistance to marginal discoloration, and resistance to fracture/chipping. The restorations will continue to be monitored over time.



At 18 months, **Variolink Esthetic** received a clinical performance rating of

**99%**  
++++

## DID YOU KNOW?

Many products evaluated by DENTAL ADVISOR have free samples available to our readers. For more information, go to [dentaladvisor.com/clinical-evaluations/request-a-sample](http://dentaladvisor.com/clinical-evaluations/request-a-sample)



AMD Medicom, Inc.  
www.medicom.com

91%  
overall  
rating

## Description

**Pro-Matrix Curve Matrix Bands** are single-use, contoured circumferential matrix bands. They are designed for large and small Class II composites. The bands are delivered pre-assembled, offering a fast and easy-to-use solution, and a smooth tightening mechanism is incorporated that allows the fit to be adjusted. A wedge may also be used for composite restorations to separate the teeth slightly during use. The contour of the bands is designed to make placement easier, improve the contact and anatomical shape of the restoration compared to straight matrix bands. **Pro-Matrix Curve Matrix Bands** are available in boxes containing 50 wide or narrow bands.

## Unique Features

- Contoured circumferential matrix bands for improved fit for both large and small restorations
- Narrow neck for access and visibility
- Smooth tightening mechanism
- Smooth edges for patient comfort

"EASY TO USE  
AND PLACE, THE  
BAND ADAPTS  
WELL TO THE  
TOOTH."

## Consultants' Comments

- "Great for pediatric dentistry, geriatric dentistry, or when you need a band fast."
- "Easy adjustment with a very safe and consistent tightening mechanism."
- "Beautiful proximal contours that are not possible with a conventional matrix."
- "These matrix bands are pre-assembled. They save time and are very convenient."
- "Great for smaller preps and pediatric restorations."
- "I'm excited to phase out our standard Tofflemire setups."
- "In some instances, it was difficult to achieve an anatomical proximal contact."
- "It wasn't contoured as well as sectional matrices, and I couldn't use it for deep preparations."
- "Easier to adjust than traditional metal matrix retainers."
- "The bands were too thick, making it hard to burnish them for great interproximal contacts, and it was sometimes difficult to place them in tight spaces."

## Indication

- Matrix bands for Class II direct composite restorations

## Clinical Tips

- Burnish the band well to obtain interproximal contacts.
- Wedge the tooth before placing the matrix band to help obtain good contacts.
- They have the ability to open up a little larger than their opening straight from the package.
- Remember to switch the positioner for different sites, and if necessary custom contour the matrix before placement.

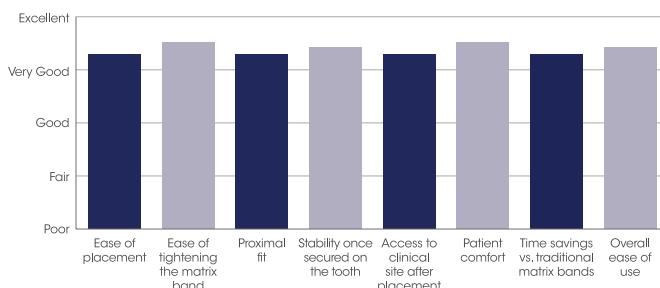


## Evaluation Highlights

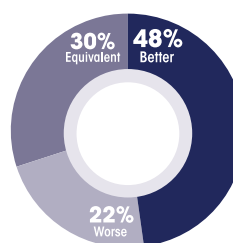
**Pro-Matrix Curve Matrix Bands** were evaluated by 27 consultants and used in total 759 times.

- Pre-assembled, single-use
- Contoured
- Easy, fast placement
- Narrow neck
- Available in wide and narrow sizes

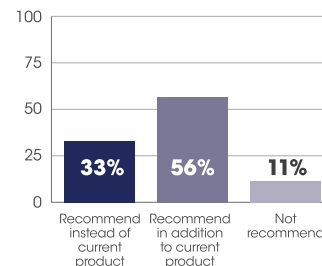
### Key Features:



### Compared to Competitive Products:



### Percentage of Consultants Who Would:





# AdvantaClear™ Surface Disinfectant Wipes

++++ 1/2

Hu-Friedy

www.hu-friedy.com

**93%**  
overall  
rating

## Description

**AdvantaClear™ Surface Disinfectant Wipes** are EPA-registered, fast-acting, ready-to-use wipes. They are quat/low concentration alcohol-based wipes that offer broad spectrum activity and are formulated to be compatible with a broad range of dental surfaces. Contact kill times are two minutes for TB, and one minute for MRSA, HIV, HBV, HCV and a host of other disease-causing microorganisms. **AdvantaClear Surface Disinfectant Wipes** are available in canisters containing 160 wipes (6 x 6.75 inches), as well as in boxes containing 50 individually wrapped wipes (9 x 8 inches).

## Unique Features

- Fast-acting - kills a large range of microorganisms within one minute
- Kills Mycobacterium tuberculosis in two minutes
- Broad spectrum activity
- Low alcohol content avoids fixing blood and soil on the surface

"LEFT NO RESIDUE. THEY DIDN'T STAIN AND ARE COMPATIBLE WITH ALL SURFACES."

## Consultants' Comments

- "Effective in cleaning and stayed wet even after use. The wipes are very well saturated."
- "Easy to use and wipes have a good thickness."
- "I like that they are scent-free."
- "The wipes come out of the container nicely and are easy to dispense."
- "Excellent contact time."
- "They don't leave streaks on lights."
- "I would like a scented wipe. It is good to smell clean as well as be clean."
- "Wipes came out of container in threes. It was wasteful and very hard to get just one."



## Indication

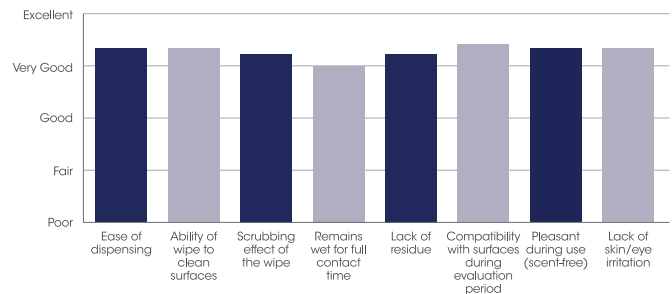
- Cleaning and disinfecting of hard, non-porous clinical contact surfaces and noncritical instruments/devices

## Evaluation Highlights

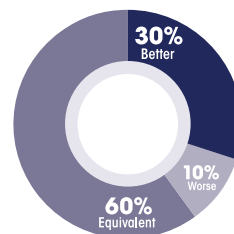
**AdvantaClear Surface Disinfectant Wipes** were evaluated by 30 consultants, with a total of more than 1300 uses.

- Easy to use and easy to dispense
- Broad spectrum
- Effective cleaning
- Odorless
- Fast acting

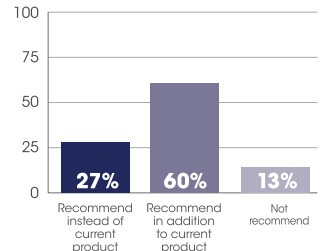
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would:



Pierrel Pharma Srl  
www.goccles.com

92%  
overall  
rating



## Description

**Goccles®** consists of special eyewear equipped with innovative optical filters used in conjunction with a curing light for oral cancer screening. Their use is simple, non-invasive and painless for early screening for oral cancer and precancerous lesions. This technique enables rapid screening in only one to two minutes of internal surface areas of oral mucosa to provide an accurate, non-invasive aid for the detection of dysplasia and malignant lesions. The special optical filter allows you to visualize anomalies. The tissue auto-fluorescence achieved contributes to the detection of the margins of precancerous and cancerous lesions. The complete unit includes the **Goccles** eyewear, lens cleaner liquid, a micro screwdriver, lanyard, fabric case and instructions for use. **Goccles** does not require the use of any after-market products such as mirrors, sheaths, rinses, band filters and safety glasses, which means that there are no after purchase costs.

## Indications

- Screening for oral cancer and precancerous lesions
- Detection of lesion margins

## Unique Features

- Noninvasive, rapid and painless
- Used in combination with a curing light. An inexpensive proprietary light source can also be purchased with the **Goccles** eyewear
- Causes auto-fluorescence of tissues

"EASY TO USE  
AND WELL-  
ACCEPTED BY  
PATIENTS."

## Consultants' Comments

- "Awesome product and easy to use - good illumination."
- "**Goccles** showed lesions much more clearly."
- "Simple concept, cool high-tech factor and high patient acceptance."
- "Not having to purchase a special light is awesome."
- "Patients liked that it was obvious that I was giving them an oral cancer screening and using technology. Patients perceived that they were getting a better-quality exam."
- "I didn't like having to dim the lights and lower the shades to use them."
- "They were heavy, unbalanced, and didn't fit anyone's face in our office"
- "It was a little inconvenient for us because we only have one curing light."

## Clinical Tips

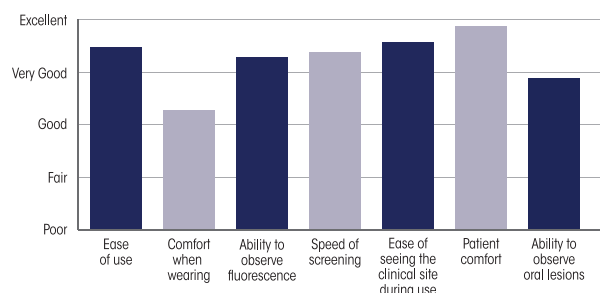
- Place the orange protective eyewear on patients prior to use. This not only protects the patient but makes them aware that something special is being used to check for lesions.
- The darker the room the better.
- Be sure to explain to patients how **Goccles** helps you.
- Have an assistant or hygienist hold the tongue out as you shine the light on the tissue.
- Make sure you use the head strap as the lenses are heavy. The ear piece of the eyewear can also be adjusted to fit the glasses closer to the head and curved around the ear to hold them onto the face when looking down.

## Evaluation Highlights

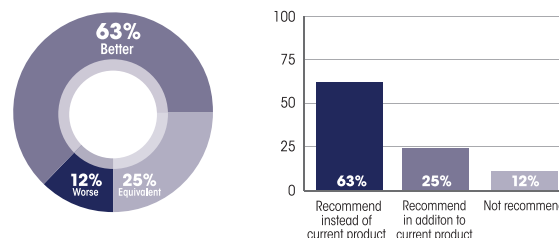
**Goccles** was evaluated by 8 consultants and used 157 times in total.

- Simple system utilizing special eyewear and a curing light
- Easy to use
- Autofluorescence of oral tissue for oral cancer screening
- High patient acceptability

Key Features:



Compared to Competitive Products:





**96%**  
overall  
rating

IDS-Integrated Dental Systems  
www.idsimplants.com

## Description

**FRINGS®** are unique forceps with springs. They offer a spring mechanism that allows the forceps to auto-retract, removing the need to use fingers to open the forceps. They also incorporate an ergonomic grip designed to provide for optimal handling. **FRINGS** are the only forceps in the world with an internal spring featuring a never seen before patented auto-retractable technology. They are fabricated with German stainless steel for durability, a two-tone registered titanium finish, and come with a lifetime warranty.

**FRINGS** are available in a wide range of the most desirable beak designs for high precision and performance - reducing the risk of tooth fracturing. The beak designs include upper incisors, anteriors, premolars, upper molars, lower molars, special cow horns for lower molars, and root forceps.

## Indication

- Dental extractions

## Unique Features

- Patented internal spring design for auto-retraction
- Blue two-tone titanium finish for easy identification
- Ergonomic grip
- Lifetime warranty

"THE  
ERGONOMICS  
AND DESIGN  
FOR AUTO-  
RETRACTION  
ARE GREAT."

## Consultants' Comments

- "The spring loaded handles are brilliant. Very comfortable and a good fit in the hand."
- "These forceps make extractions easier. They were ready when they were handed to me."
- "I liked the ease of holding them without having to use two of my fingers to open the forceps."
- "I really liked the serrated tips and the hinges. The beaks gripped teeth well."
- "The blue color is distinct, and it also helps to make blood less visible."
- "You don't need to use a lot of pressure or force with these forceps."
- "These forceps work nicely on deciduous teeth and are less bulky than my regular forceps."



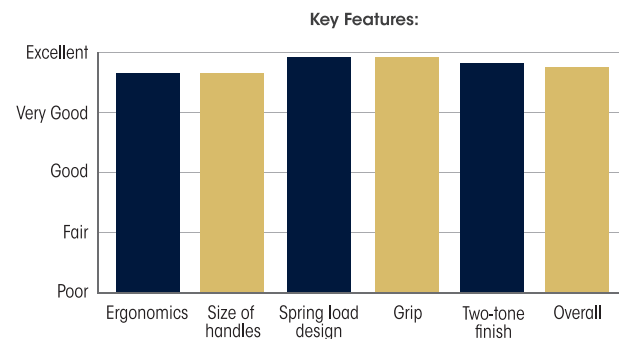
## Clinical Tips

- Beaks on the lower molar forceps are very useful for gripping teeth fractured off at the roots.
- If you do lots of extractions, use these forceps as often as possible to reduce hand fatigue.
- Make sure the tips of the beaks are fully under the gum.

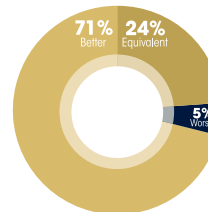
## Evaluation Highlights

**FRINGS** were evaluated by 20 consultants, with a total of 367 uses.

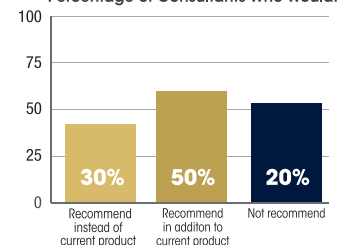
- Ergonomic, spring-loaded handles
- Auto-retraction feature
- Serrated tips and hinges for grip
- Available in multiple beak designs



**Compared to Competitive Products:**



**Percentage of Consultants Who Would:**





# Blossom® Chloroprene Gloves

++++ ½

Mexpo International

www.blossom-disposables.com

92%  
overall  
rating

## Description

**Blossom® Chloroprene Gloves** are latex-free, single-use, disposable examination (medical) gloves. They are designed to offer excellent tactile sensitivity and comfort while providing protection during non-surgical patient procedures. The gloves are tested to ensure that they offer maximum safety and pass the Food & Drug Administration's 1,000 ml water leak test. **Blossom Chloroprene Gloves** are available in boxes of 100 in extra-small, small, medium, large, and extra-large sizes in pink or green.

## Indication

- Nonsurgical patient procedures

## Unique Features

- High level of tactile sensitivity
- Latex-free
- High level of protection

"THESE CHLOROPRENE GLOVES WERE AMAZING. JUST LIKE A LATEX GLOVE BUT WITHOUT THE NASTY RASH."

## Consultants' Comments

- "Effortless to use. What a pleasure."
- "Incredibly easy to put on and extremely comfortable to wear."
- "Excellent fit and non-slip. The fit at the tip of the fingers was wonderful."
- "Fit was much better than most, but I did get tearing at the wrist a few times upon donning."
- "Great colors."
- "These gloves have the best tactile sensitivity out of any I have ever used."
- "Less pressure, didn't cause cramping and they felt almost breathable."
- "Stretchability felt like latex."
- "Smooth feel on the interior aspect, felt great."
- "I had no hand fatigue."
- "Wear these gloves - not nitrile."

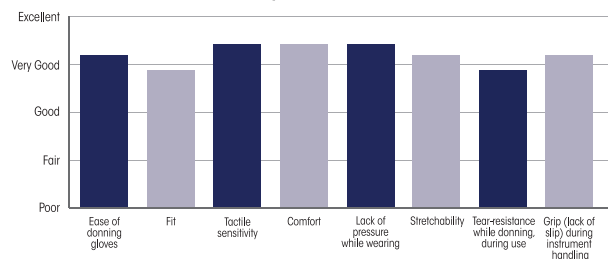


## Evaluation Highlights

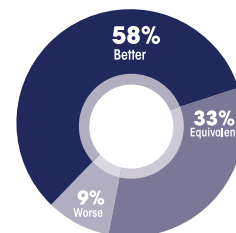
**Blossom Chloroprene Gloves** were evaluated by 45 consultants, with a total of 2,170 uses.

- Easy to don
- Latex-free
- Excellent stretchability
- Excellent tactile sensitivity
- Comfortable

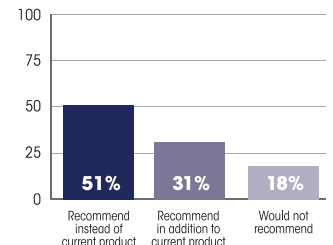
Key Features:



Compared to Competitive Products:



Percentage of Consultants Who Would Recommend:



## SPECIAL THANKS TO:

### Select Senior Clinical Consultants (Over 20 years):

R. Fisher, OH · E. Katkow, MD · J. Lockwood, MI · J. Mayer, OH · W. Nagy, TX · G. Poy, MI · J. Shamraj, MI · R. Trushkowsky, NY · P. Yaman, MI

### Senior Clinical Consultants (15-19 years):

K. Baker, TX · F. Berman, PA · J. Bostic, OH · L. Brimhall, MT · M. Briskin, NY · L. Brown, MI · W. Brownscombe, MI · M. Capalbo, RI · R. Ciccone, MI · C. Colbert, MI · M. Conrad, PA · J. Dingman, WI · R. Dost, VA · J. Doueck, NY · M. Dwoskin, MI · M. Eannaccone, NY · R. Engle, IL · K. Fairbanks, MI · M. Feinberg, NY · K. Fischer, IN · G. Franco, NY · N. Garlisi, OH · K. Goodman, MI · S. Graber, IL · P. Grandsire, NY · E. Gutman, NY · D. Haas, Ontario · K. Hamlett, TX · G. Hart, OH · R. Herwig, KS · J. Kaminski, MI · R. Kaprielian, NJ · M. Kastner, OH · D. Keren, NY · M. LaMarche, WA · J. Leitner, MI · S. Lever, MD · R. Lezell, MI · M. Livernois, NC · M. Man, NY · B. Manne, FL · N. Mansour, MI · N. Markarian, CA · C. McLaren, MI · J.W. Mikesell, IL · R. Mizrahi, NY · G. Mosso, PA · E. Mosso, PA · J. Nash, MI · A. Nazarian, MI · R. Oshrain, NY · J. Paris, TX · D. Parris, GA · M. Patel, MI · D. Peterson, MD · T. Pieper, WI · D. Pitak, MI · V. Plaisted, NY · D. Qualitative, NC · G. Raichelson, Ontario · C. Reed, MI · G. Reskakis, NY · K. Schwartz, FL · J. Shea, MO · B. Shumaker, NJ · B. Sims, NY · P. Symeonides, NY · H. Tetalman, OH · C. Trubschenck, CA · S. Ura, NH · W. Walcott, MI · M. Waranowicz, MI · L. Wee, MI · H. Yeung, CA · M. Zahn, MI · P. Zanetti, MI · S. Zimmer, MI

### Clinical Consultants (14 years or less):

D. Aaron Matatiaho, CA · A. Albright, NY · B. Argersinger, NC · P. Arsenault, MA · G. Ash, MI · M. Bannan, NC · B. Barricklow, OH · L. Bartoszewicz, MI · J. Bechtel, MI · A. Becker, MI · C. Bhatti, MI · L. Bishop, MI · T. Bizga, OH · G. Bloomfield, MI · G. Bonior, MI · C. Brown, LA · E. Brust, MI · S. Bunek, MI · J. Bunek, MI · T. Burns, MI · J. Bush, PA · M. Capalbo, RI · H. Cadorette, MI · M. Caligiuri, CA · P. Campo, NY · A. Cates, MI · P. Cacciolo, MI · D. Chacko, TN · P. Chaiken, IL · D. Chenevert, MI · R. Cherry, FL · M. Connelly, MI · S. Crawford, MI · W. K. Dancy, GA · C. Dietz, OH · S. Dillingham, NY · K. Dobracki, MI · J&E Duski, MI · A. Dutka, MI · M. Egbaria, IL · M. Eford, MI · O. Erdt, MI · K. Evanoff, MI · M. Evers, OH · F. Facchini, MI · F. Falcao, FL · L. Feldman, NJ · G. Fink, DE · D. Finnerty, MI · M. Frankman, SD · M. Glavis, MI · C. Goldin, MI · M. Grant, MI · A. Green, MI · R. Green, MI · B. Greenwood, UT · J. Griffin Jr., MO · K. Grindling, MI · P. Gronet, KY · R. Grossman, PA · H. Gulati, MA · C. Gutierrez, MI · G. Haddad, CA · J. Haddad, MI · J. Hastings, CA · J. Hengehold, MI · B. Herrmann, CA · A. Hodges, NC · C. Huang, CA · M. Huberty, WI · P. Indianer, MI · J. Ireland, MI · S. Irwin, NJ · C. Jaghab, MI · J. Jaghab, MI · R. Juluri, IL · M. Kachi-George, MI · D. Kapp, NY · J. Kane, MI · Y. Kang, MA · J. Karam, MI · G. Karaouzas, MI · E. Kelly, GA · J. Kelly, GA · L. Kemmet, MN · D. Kinra, MI · M. Koczarski, WA · B. Kolb, MI · GA Krishnan, CA · C. Laird, OR · R. Le, NC · I. Levine, NY · E. Lowe, BC · CAN · J. Lusby, MI · A. Malkis, NY · C. Manduzzi, MI · J. Mangut, MI · K. Mantzikos, NY · B. Mayday, MI · E. McCarty, MI · T. McDonald, GA · J. McLaren, MI · M. McMullin, MI · G. Meylan, MI · M. Migdal, MI · J. Minsky, CA · L. Montes, NY · A. Moore, NC · L. Motyl, MI · M. Murphy, MI · L. Musgrave, MI · M. Nasif, MI · N. Nealis, IL · J. Neuman, MI · A. Newman, MI · J. Olitsky, FL · J. Olsen, MI · E. O'Neil, MI · F. Orlando, NY · S. Owens, MI · P. Panchal, NC · M. Paquette, MI · R. Parikh, IL · J. Parrott, MI · U. Patel, CA · D. Perkins, MI · N. Pelachy, MI · S. Picazio, NJ · B. Picot, NC · C. Pike, MI · C. Piontkowski, MI · B. Pittsley, MI · T. Poirier, MI · B. Pourmaras, SC · A. Prince, UT · D. Radtke, MI · G. Ramos, NY · C. Ramsey, FL · G. Rashall, TX · S. Reddy, MI · T. Reeves, TN · N. Rego, CA · J. Riggs, MI · J. Rowe, AR · J. Rubin, DC · D. Ruhlig, MI · A. Saddy, MI · S. Salhadar, MI · P. Scalia, MI · C. Scanlon, MI · J. Schau, MI · V. Scola, CA · L. Seluk, MI · R. Selvan, NJ · Y. Shaheen, MI · M. Shapiro, MI · E. Shaw, MI · A. Shemesh, IN · S. Simos, IL · B. Silver, MI · S. Simpson, MI · J. Smith, MI · C. Stevens, OK · B. Stevenson, MI · B. Stieper, MI · R. Surana, CA · G. Sutton, CA · S. Tamber, MI · G. Tarantola, FL · T. Teel, IN · C. Thompson, MI · C. & L. Thorpe, MI · L. Trost, IL · S. Uchil, MI · A. Valentine, MI · Lyn. Vandelaar, MI · H. Vann, MS · K. Vaughn, MI · C. Vinkovich, OH · J. Weinfield, MI · H. Whitt, MI · L. Williams, MI · K. Wilson, MI · D. Wolf, MA · W. Wright, CA · N. Yeager, MI · Y. Yi, MA · S. Yun, MI · D. Young, MI · J. Zanetti, MI

### Laboratory Consultants:

Apex Dental Milling, MI · Bullinger Dental Lab, MI · Centric Dental Laboratory, TX · Cornerstone Dental Studio, Inc., MI · David's Dental Laboratory, NY · Expertec Dental Lab, MI · Heritage Dental Laboratory, IL · Technique Crown and Bridge, Inc., NC