

DENTAL ADVISOR™

Product insights you can trust.

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Cosmetic Dentistry & Whitening



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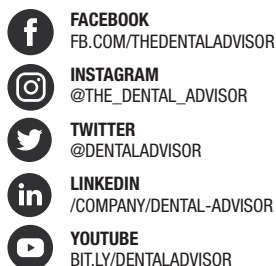
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VISIT US ON SOCIAL MEDIA



One thing I would not have predicted since COVID-19 became an integral part of our lives is the increased demand for cosmetic dental procedures. As our practice was tackling new guidance and PPE requirements during our 3-month shutdown last year, I was surprised to see so many patients requesting procedures like teeth whitening, clear aligner treatment, and cosmetic veneers when we opened back up. Some have claimed this is the result of people spending more time on video conferencing calls, aka "the zoom effect". Prior to Zoom, most people never talked to themselves in a mirror, so they had no idea what their teeth looked like. Now, with more video chatting, people are so much more conscious about their smile, teeth and overall appearance. They also have more flexibility in their schedules and can commit to the time it takes to undergo treatment. As a profession, it is our responsibility to be sure our patients remain smiling, even in difficult times. Opening the conversation with patients about what makes them self-conscious about their smile or talking to them about the benefits of doing conservative cosmetic treatments are all ways to solidify your relationship with them. As a perk, it keeps things positive in your practice. Everyone loves to see happy patients! Thanks for keeping us smiling this past year. As always, we welcome your feedback. Reach out to our team at connect@dentaladvisor.com, or to me at drbunek@dentaladvisor.com.

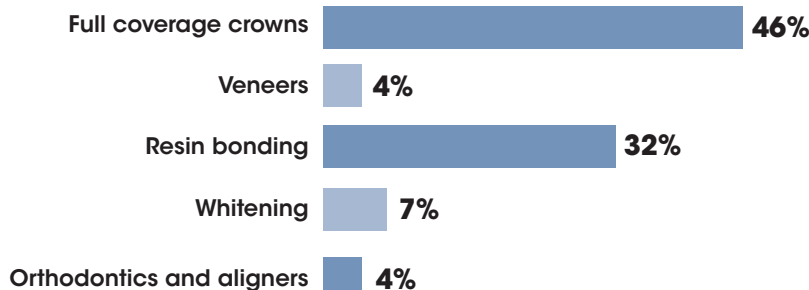
— Sabiha S. Bunek

How to change a smile



DENTAL ADVISOR: FROM OUR CONSULTANTS

Which cosmetic dentistry procedure do you perform the most?



Ceramics

What's trending in Cosmetic Dentistry for Ceramics:

- **Glass ceramics remain on top for lifelike restorations.** However, many zirconias are now available that are more esthetic in nature, or offer multi-layering.
- **As restorations become more translucent,** cement choices have had to be modified to prevent opaque looking restorations.

BEFORE



AFTER



Clinical crown lengthening, gingival recontouring, IPS e.max with Clearfil S3 bond, Clearfil resin cement

Photos courtesy of Dr. Frank Berman

BEFORE



AFTER



IPS e.max bridge #4-6 and e.max veneers #7-11

Photos courtesy of Dr. Sabiha S. Bunek

BEFORE



AFTER



IPS e.max veneers and posterior IPS e.max crowns

Photos courtesy of Dr. Ken Hamlett

PRODUCT SHOWCASE



CERASMART® 270 (GC America, Inc.)

CERASMART® 270 is an esthetic hybrid **270** made to provide fast and long-lasting indirect restorations. The newly developed Full-Coverage Silane Coating (FSC) with improved nanofiller technology offers high physical and esthetic properties. Milling is fast and efficient, making it possible to create a qualitative restoration with fine margins and optimal fit in a very short time. It may also be polished or characterized for more vibrant esthetics.

- Mills quickly and is gentle on milling burs
- Virtually no chipping
- No need for sintering or crystallization firing
- Flexible, tough and fracture resistant
- Easy to polish, retains gloss over time, and self-polishes
- Highly wear-resistant
- Available with CEREC or Universal mandrel

Media link: <https://www.gcamerica.com/products/digital/cerasmart270>

PRODUCT SHOWCASE

NexxZr+ Multi multilayer zirconium oxide with natural esthetics

NexxZr+ Multi is a dental multilayer zirconium oxide (4Y-TZP cervical, 5Y-TZP incisal) with natural color and translucency gradient and high flexural strength (880 MPa cervical, 630 MPa incisal). These properties enable the fabrication of highly esthetic, monolithic single-tooth and bridge restorations in the anterior and posterior region. The specially adjusted translucency gradient ensures good coverage in the cervical area and increased translucency in the incisal area. The integrated color gradient also ensures the efficient fabrication of natural-looking restorations.

Product features

- **Natural color gradient** - Efficient fabrication of natural looking restorations
- **Specially adjusted translucency gradient** - Good coverage in the cervical area and increased translucency in the incisal area
- **High flexural strength** - Single-unit restorations up to 3-unit bridges



sagemax®



Media link: <https://sagemax.com/zirconia-discs/nexx-zr-multi>

PRODUCT SHOWCASE

Beautiful II® Gingiva

(SHOFU Dental Corporation)

Numerous patients are suffering from gingival recession. Doctors can now treat this recession and maintain gingival symmetry in patients of any race or ethnicity with **Beautiful II®**



Gingiva nano-hybrid universal composite offered in five unique pink shades. Containing Shofu's proprietary Giomer Technology, **Beautiful II Gingiva** provides the clinically proven bioactive and therapeutic properties of acid neutralization and bacterial reduction, which may improve tissue response and periodontal health. By using gingival shaded composite instead of "white" shades, dentists can offer patients an esthetic treatment option without undergoing grafting surgery.

You can learn more at: www.shofu.com

OMNICHROMA

(Tokuyama Dental America, Inc.)

Innovated like you've never seen before, **OMNICHROMA** is the first universal composite that matches every patient's tooth shade, from A1 to D4, with a single shade composite.



As **OMNICHROMA**

adapts to the shade of the surrounding tooth, it is capable of producing a shade match even before and after bleaching. This groundbreaking technology saves doctors time and money by removing the need for shade selection and eliminating the need to keep excess product for incidental shades.

OMNICHROMA streamlines the restorative process without compromising strength, durability, or esthetics.

Features and Benefits

- Unprecedented shade-matching ability and esthetics
- Exceptional handling, polishability, and strength
- Shade matches both before and after bleaching
- Reduction of inventory and expired composite
- Minimized chair time and reliance on shade-matching procedures

Indications

- Universal use for every class
- Direct anterior and posterior restorations
- Direct bonded composite veneer
- Diastema closure
- Repair of porcelain/composite

Media link: <https://omnichroma.com/us/performance>

Composites

What's trending in Esthetic Composites:

Many companies are moving from complex shading systems with dentin, enamel, and incisal shades to one shade or simplified shading systems.

BEFORE



AFTER (Harmonize #8MFL)



Photos courtesy of Dr. Sabiha S. Bunek

BEFORE



AFTER (Composites 6-11)



BEFORE



AFTER (Diafil #9F 10F)



Photos courtesy of Dr. Sabiha S. Bunek

BEFORE



AFTER (Composites 6-11)



Photos courtesy of Dr. Mark Huberty

PRODUCT SHOWCASE

G-aenial Universal Injectable (GC America, Inc.)

G-aenial Universal Injectable is an injectable, high-strength, ultra-fine particle composite with ideal viscosity, handling, and adaptation characteristics that may be used for long-lasting esthetic restorations. The homogeneously dispersed, ultra-fine particle formula provides high flexural strength and wear-resistance for a durable and long-lasting restoration that retains its gloss for many years after placement. It is highly shapeable and easy to manipulate, yet provides superb adaptation to the cavity for reduced occurrence of porosities and air bubbles, which can potentially compromise marginal integrity. **G-aenial Universal Injectable** stays where you put it, will not stick to your instrument and provides an easy solution for all Class I-V cavities.

Media link: <https://www.gcamerica.com/products/operator/G-aenial-Universal-Injectable>



Orthodontics

What's trending in Orthodontics:

- Adults are using clear aligners to correct crowding and enhance their smiles.
- Treatment of orthodontic white spots without composite or ceramic is available.

ORTHODONTIC TREATMENT:

Invisalign (Align Technologies)

BEFORE (Maxillary)



AFTER (Maxillary)



Photos courtesy of Dr. Sabiha S. Bunek

Post Orthodontic Treatment

Management of White Spot Lesions

(DMG America)

As the demand for cosmetic dentistry soars, so does the desire to eliminate even the smallest imperfections such as white spot lesions (WSLs).

White spot lesions are defined as enamel surface and subsurface demineralization without cavitation, characterized by a white chalky, opaque appearance. These lesions can be developmental, can occur after orthodontic treatment, from decay, or as a result of fluorosis. Traditionally, the only way to treat them was by drilling, and filling the lesion with a composite material, or by masking it with a ceramic restoration. Today, with **Icon** (DMG America) we have an easier, less invasive option.

How does it work?

Icon utilizes an innovative caries infiltration concept. The special etch opens the surface layer and microporosities, desiccating the lesion. The capillary forces draw the resin infiltrate into the resulting voids, reinforcing and stabilizing demineralized enamel without sacrificing the healthy tooth structure. This process has a positive effect on esthetics by changing the lesion's whitish appearance to a more natural enamel appearance.

BEFORE: WHITE SPOT LESIONS



AFTER: ICON



Photos courtesy of Dr. Sabiha S. Bunek

Benefits:

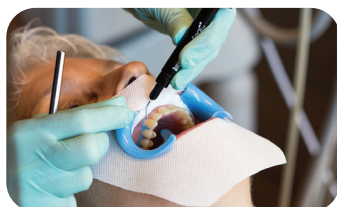
One visit (15-30 mins), no drilling, no anesthesia, immediate results, and no side effects.

Whitening



Dentistry has seen an increase in consumer marketed whitening products, which are often not for sale or use in a dental practice. While it increases interest in whitening, the most effective whitening is in conjunction with a dental professional and should be dispensed within a dental practice. **Whitening is an excellent way to open up conversations** about whether or not a patient is happy with the shade of their teeth, and to discuss harmful habits. Be sure to ask your patients what they want to see in their smile. We surveyed our consultants and 90% said that they were offering some sort of whitening service in their office.

In-Office



Applying gingival barrier



Curing gingival barrier



Applying whitening gel



Light activation using Beyond Polus Advanced Whitening System

Features

- Available for use with and without a light
- Delivery requires chair time and placement of a tissue barrier
- Immediate results

Take-Home



Vacuformed custom tray on model



Trimming custom tray



Custom tray



Loading custom tray with whitening gel

Features

- Various strengths and combinations available
- Typical delivery is vacuformed custom trays
- Universal trays with varying strengths of gel are available
- More recently pre-formed trays with and without LED lights are available

DENTAL ADVISOR: FROM OUR CONSULTANTS

What kind of
whitening
are you offering
in your practice?

67%

In-office

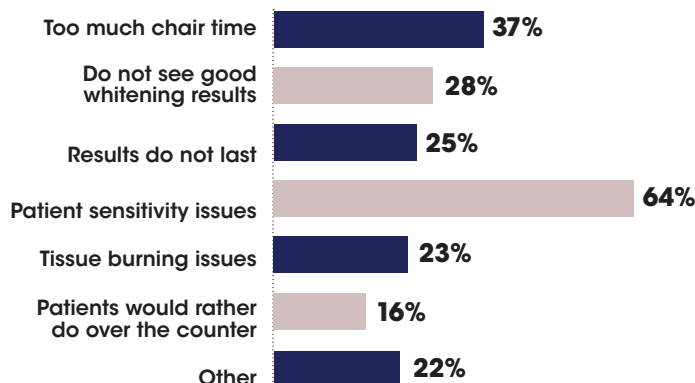
94%

Take-home, professionally dispensed

20%

Take-home OTC dispensed

What problems/challenges
do you have with **whitening**?



PRODUCT SHOWCASE

Crest Whitening Emulsions

Crest Whitening Emulsions with LED Accelerator Light is an at-home professional level whitening system:

- Virtually no sensitivity
- Active hydrogen peroxide microdroplets diffuse to stains to whiten teeth
- Blue light further weakens stains to dramatically boost whitening results
- 5x more active peroxide*
- Apply directly to the teeth in seconds with wand
- Ideal for all tooth alignments
- Easy to use with no mess

*(vs. Arc Pen Whitening)



Media link: <https://www.dentalcare.com/en-us/product/whitening/crest-whitening-emulsions>

GLO Science Professional Whitening Success Starter Set (GLO Science Professional)

The **GLO Science Professional Whitening Success Starter Set** includes everything you need to launch a successful GLO teeth whitening program in your dental practice. It features:



- The **GLO Hardware Kit** with autoclavable mouthpiece which instantly transforms any treatment room into a whitening room
- Complete in-office and take-home teeth whitening treatments for 4 patients (1 team member training patient + your first 3 GLO whitening patients)
- Easy step-by-step training guide with supplemental videos and courses
- Turn-key marketing tools for your practice so you can start promoting your whitening program immediately
- This set is the fastest and easiest way to build your practice with **GLO Science Professional Teeth Whitening**.

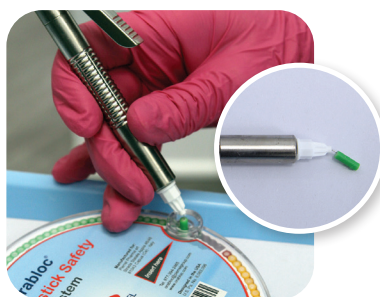
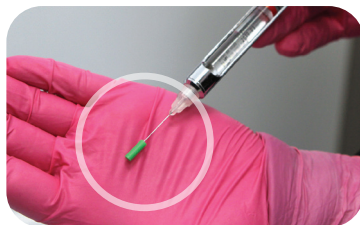
Media link: <https://glosciencepro.com/products/glo-science-professional-whitening-success-starter-set>



CLINICAL
PROBLEM
SOLVER

Orabloc® Needlestick Safety System

Pierrel Pharma, www.orabloc.com/orabloc-needlestick-safety-system Clinicians: Lesley Correll, BS, RDH, Shelby Crawford, DA



PROBLEM:

Needle recapping using the one-handed scoop technique can make securing the needle cap difficult, risking injury. If a needle cap is dropped or misplaced, there is also a potential for needlestick injury.

SOLUTION:

Orabloc Needlestick Safety System allows for simple recapping and contains 100 protective capsules. Color coding of capsules helps identify when a new system is needed; the last few caps are yellow and red in color. The circular device has a non-slip grip which eliminates the need to hold the device. As needles are capped, the system advances to the next protective capsule. It works with bent, angled, and straight needles of any gauge or size. Needles can easily be recapped once the silicone protective capsule is placed. Once a needle is disengaged from the syringe, the opposite end can be recapped as well prior to sharps disposal. **Orabloc Needlestick Safety System** allows for safe disposal of needles without the need to use a special syringe or needle sheath.



EVALUATOR COMMENTS:

- "I no longer need to waste time looking for a missing needle cap; this system is great!"
- "It is a wonderful product. As stated on the box it redefines needle stick safety protocol."
- "The **Orabloc Needlestick Safety System** is a game changer and should be in all dental operatories."
- "It's an extra safety precaution for those wearing loupes and who may have difficulty with precision tasks."
- "The extra safeguard of using this on a bent needle eliminates the problem of trying to recap and possible breakage."
- "The non-skid rubber backing really secures it to my counter, ensuring more safety. The color coding is a great indicator that you need a new device."

Microbiology Research Report

Sabiha S. Bunek, D.D. S. and Delaney Graham, B.A.

DENTAL ADVISOR Microbiology Research Center
3110 West Liberty, Ann Arbor, MI 48103

Number 146 – February, 2021

Bacterial Reduction Efficacy of Nederman FX₂

Clinician: Lesley Correll, B.S., RDH

Purpose:

To compare the ability of **Nederman FX₂** to reduce aerosols containing bacteria generated during ultrasonic scaling to that of a low-volume suction (SE) used independently, to represent the working conditions of many dental hygienists.

Challenge Device: Nederman FX₂ can be configured to exhaust out of the building or recycled inside the building. The extraction arm has several flexible joints. Many attachments are available, including a large and small hood.

Experimental Design:

MATERIALS:

Nederman FX₂ (Nederman), standard SE suction tips, Cavitron ultrasonic scaling unit with Insert 10S FSI 30K (Dentsply Sirona), SAS Super 180 Bioaerosol Sampler, TSA with Lecithin and Poly 90 Contact Plates, DustTrak II Model 8532 Handheld, AirSense Particle Monitor, PTrak Ultrafine Particle Monitor, decibel meter, patient volunteers (A, B, C, D, E, F, G, and H), licensed dental hygienist volunteer wearing a Level 3 face mask and shield, gloves, and scrubs.

METHODS:

Each aerosol generating procedure was completed while the office was closed, and all procedures were completed in one designated operatory. Prior to the first patient, lines were cleaned with an evacuation line cleaner and traps were changed. Monarch Lines (Air Techniques) water treatment was utilized in a closed system (water bottle). Cavitron 300 Series Ultrasonic Scaler (Dentsply Sirona) was consistently set to 60Hz and was set at the highest water spray level using a Focused Spray 10 S Universal Insert. Before testing, all volunteers agreed to participate in the study and to having their photos taken. The same dental professional performed all procedures in this study. For each procedure, all quadrants of the mouth were treated; anterior and posterior, buccal and lingual.

The following sequence of conditions were consistent for all 8 patients during testing. First, a control sample was taken for 5.5 minutes while the patient and dental hygienist reviewed health history prior to aerosol generation. Condition two consisted of 5.5 minutes of ultrasonic scaling with **Nederman FX₂** turned on and placed 6 inches away from the patient's mouth opening. A low-volume suction (SE) was held by the patient in the lower left quadrant of the mouth for the duration of the procedure. Condition three consisted of 5.5 minutes of scaling without the use of **Nederman FX₂** and a low-volume suction was held by the patient in the lower left quadrant of the mouth for the duration of the procedure. During each of these 3 conditions for all 8 patients (24 separate sampling intervals), measurements were routinely taken using the SAS Super 180 Bioaerosol Sampler with a new TSA with Lecithin and Poly 90 Contact Plate placed 18 inches from the patient's mouth, the PTrak Ultrafine Particle Monitor attached to the shoulder of the dental hygienist, the DustTrak II Model 8532 Handheld that was embedded in the exhaust piping of **Nederman FX₂**, and using the AirSense Particle Monitor placed in a fixed position to the left of the patient dental chair. There was a 10 to 30-minute room turnaround time between each patient, during which appropriate clinical contact surface cleaning and disinfection protocols were followed. The exposed TSA with Lecithin and Poly 90 Contact Plates were immediately processed and then incubated at 37°C for 48 hours. Microbial growth was quantified, analyzed and recorded for all plates. Measurements taken on the PTrak Ultrafine Particle Counter, the DustTrak II Model 8532 Handheld, and the AirSense Particle Monitor were downloaded, averaged for each 5.5-minute interval, and analyzed after testing.

Device: Nederman FX₂



Condition 1: Control



Condition 2: SE Alone



Condition 3: SE w/ FX₂



Results:

Data was analyzed by isolating each patient’s comparative results due to the different microbiomes within each patient’s mouth. The nature of aerosols as well as testing on real patients does not allow for direct comparative analysis of colony forming units (CFU) counts between patients. For all 8 patients, the bacterial load collected using the bioaerosol sampler was lower when using **Nederman FX₂** in conjunction with a low-volume suction (SE) compared to using a SE independently (Fig.1). For 7 of the 8 patients, the collected bacterial load from the bioaerosol sampler was lower using **Nederman FX₂** with a SE during aerosol generation compared to the control sample taken prior to any aerosol generation for each patient (Fig.1). Over the course of the study, all exhaust air measurements taken using the DustTrak II Model 8532 Handheld consistently stayed under 0.080mg/m³ (Fig.2). The particle mass measurements of the exhaust air derived from the DustTrak when Nederman FX2 was in use and not in use are listed in Figure 2 below (Note: Device malfunctioned during the eighth patient’s procedure resulting in absence of data). The decibel reading while **Nederman FX₂** was in use in conjunction with a low-volume suction (SE) and an ultrasonic scaler was 70 dB, and the low-volume suction (SE) alone used in conjunction with an ultrasonic scaler was 67 dB. Conjunctive utilization of **Nederman FX₂** added 3 decibels to the noise level of the procedure.

Figure 1: Collected Bacterial Load
SAS Super 180 Bioaerosol Sampler

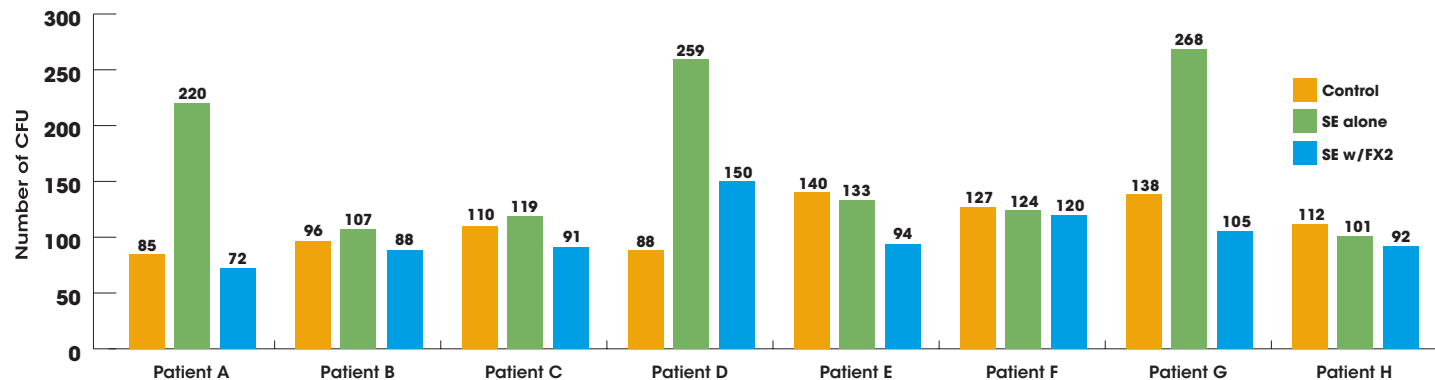


Figure 2: Exhaust Aerosol Mass Concentration
DustTrak II Model 8532 Handheld

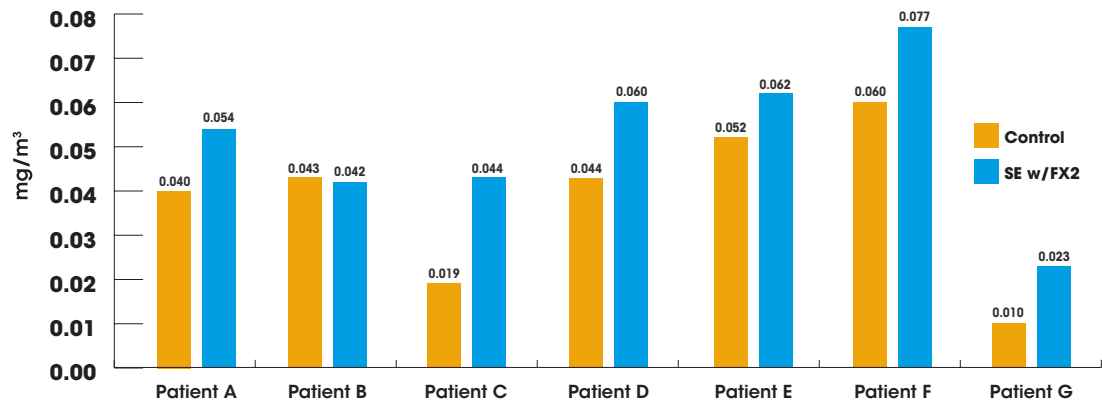
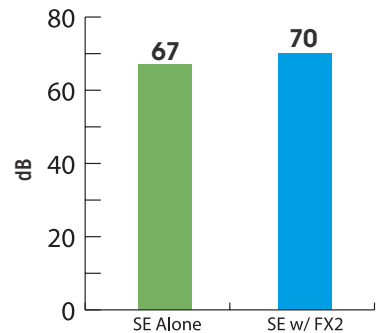


Figure 3: Decibel Output
Decibel Meter



Decibel meter in operatory



Discussion:

In this pilot study, the bioaerosol samples showed trends of reduced CFU counts when **Nederman FX₂** was in use compared to both the control and when using a SE independently during an ultrasonic scaling procedure. The results of this pilot study showed trends in favor of efficacy of **Nederman FX₂**. Although there are no true standards for exhaust air safety, the goal of measuring the exhaust air was to find that the exhausted and filtered air would have lower mass concentrations than what was being pulled into **Nederman FX₂** during the procedure. The results of the exhaust air quality measurements showed trends of lower mass concentrations compared to the ambient air in the operatory and what was entering **Nederman FX₂** (data on file). The measurements noted were higher during the use of **Nederman FX₂**; during use there was air flowing through the exhaust piping, unlike during the control when **Nederman FX₂** was not in use. The air in the exhaust piping during the control was therefore stagnant, and as expected, had a lower mass concentration. The 3-decibel increase while using **Nederman FX₂** was considered negligible. The operatory where procedures were performed was cleared of any additional personnel during testing procedures. Limitations in the pilot study included a small sample size.

Conclusion:

The use of **Nederman FX₂** resulted in reduced bacterial load derived from aerosols when compared to using a SE independently during an aerosol generating procedure.

Future Directions for Research:

During this pilot study, additional measurements of air quality were performed using the AirSense particle monitor in a fixed 4 o'clock position to the patient chair and an ultrafine particle monitor attached to the shoulder of the hygienist. What was likely due to a variety of variables including surrounding activity, operatory layout, instrument limitations, sampling location, or other factors, this data was inconsistent and had a high degree of variability.

There are currently no dental practice specific guidelines for measuring or controlling the quality of operatory air due to the open concept design that is typical of most dental practices and the complexity of HVAC design. Much of the clean room analysis done in hospital settings is performed in a closed environment. Dental practices, unless performing dentistry in surgical suites, lack the design to control air quality. Due to these unique variables in operatory design, there is a large gap in the setting of consistent standards. Nederman and Dental Advisor will be working together in the future to identify and capture consistent control data based on dental operatory design. With this information future research can focus not only on ambient aerosol but also on particle measurements of restorative materials commonly used in dentistry.

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

**DA DENTAL
ADVISOR™**
dentaladvisor.com





Results Continued:

Patient A:

Nederman FX₂

Saliva Ejector





(CFU = 72)


(CFU = 220)


Time interval between Patient A and B: 15 minutes

Patient B:

Nederman FX₂

Saliva Ejector





(CFU = 88)

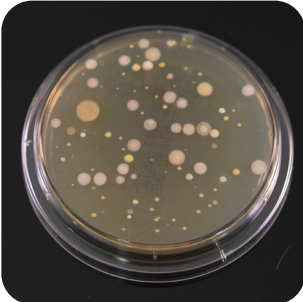
(CFU = 107)

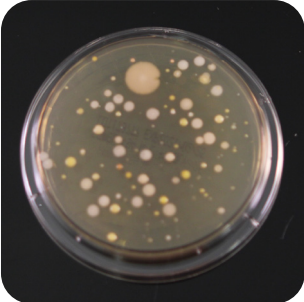
Time interval between Patient B and C: 10 minutes

Patient C:

Nederman FX₂

Saliva Ejector





(CFU = 91)

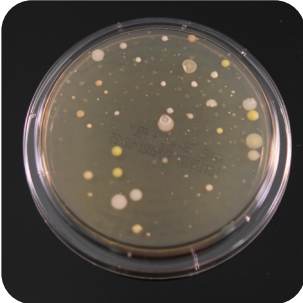
(CFU = 119)

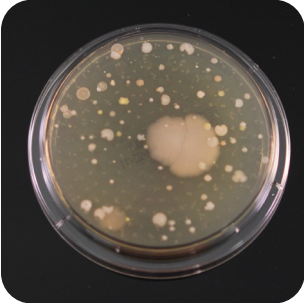
Time interval between Patient C and D: 30 minutes

Patient D:

Nederman FX₂

Saliva Ejector





(CFU = 150)

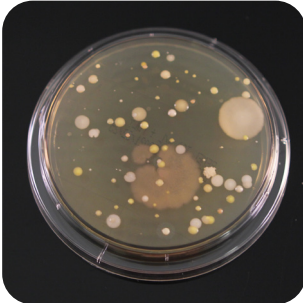
(CFU = 259)

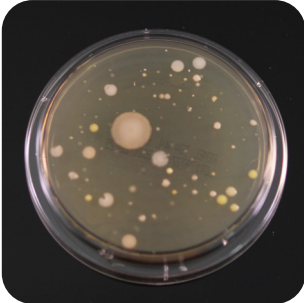
Time interval between Patient D and E: 10 minutes

Patient E:

Nederman FX₂

Saliva Ejector





(CFU = 94)

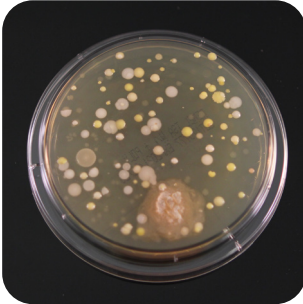
(CFU = 133)


Time interval between Patient E and F: 20 minutes

Patient F:

Nederman FX₂

Saliva Ejector





(CFU = 120)

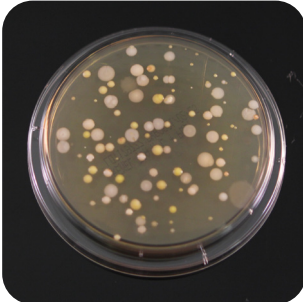
(CFU = 124)

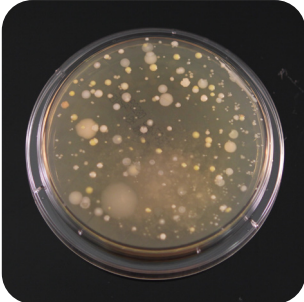
Time interval between Patient F and G: 10 minutes

Patient G:

Nederman FX₂

Saliva Ejector





(CFU = 105)

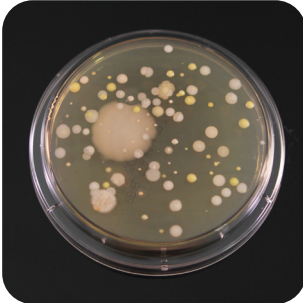
(CFU = 268)

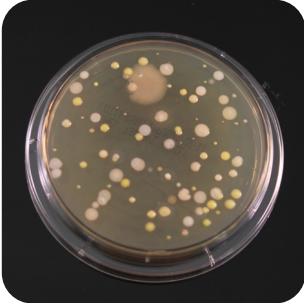
Time interval between Patient G and H: 30 minutes

Patient H:

Nederman FX₂

Saliva Ejector





(CFU = 92)

(CFU = 101)

Clinician and Patient Feedback on Nederman FX₂

Clinician Comments:

- “Frankly, I expected the device to be much more obtrusive than it is. I barely noticed it was there.”
- “I was surprised at how powerful the suction was, yet it was quiet.”
- “This device is as easy to position as an x-ray head. It is out of the way when you need it, and easy to position where you need to.”
- “Installation of the device was very clearly explained to me, including the filter in the mechanical room. It’s easy to see that this will make a difference.”
- “This is quiet and does not get in the way as I would expect. It makes sense to have it installed and piped out of the building.”
- “My patients mentioned that the device made them feel safer.”
- “The design of the arm is sleek and looks very aseptic. I might suggest making levers or poseable joints as opposed to dials you have to adjust. Something smoother would be easier to disinfect as well.”
- “Personally, I preferred the smaller suction design. The shield was very large and would fog up. I couldn’t get it to the exact position I wanted.”



Nederman FX₂ folds compactly up against the wall.



Nederman FX₂ adjusts easily with knobs at each articulated joint.



The dentist continues to position the device closer to patient.



Nederman FX₂ HEPA filter is installed away from the patient area in the mechanical room.

Patient Comments:

- “Initially I was taken aback with something new, but once the hygienist explained what it was doing, it gave me relief that the office was considering safety during COVID.”
- “The device looks space-age, clean, and appeared to do its job helping the hygienist. She was commenting how powerful it was.”
- “I felt safer having this working as a secondary measure during my procedure. You never know what is in the air from other people.”
- “I appreciated the extra steps the office was taking to protect me and their employees.”
- “I commented that my older dentist didn’t have one of these, and the hygienist replied that they were on top of all of the latest technologies to protect patients. I liked that.”
- “I could literally see the spray from the ultrasonic going towards **Nederman FX₂**; when it was off, I kept getting spray all over the safety glasses they had me wearing.”
- “The device wasn’t as loud as I anticipated and the suction power was noticeable as I was able to observe spray being pulled into the suction nozzle during the procedure.”



The Combi Hood can be integrated with **Nederman FX₂** to allow for a larger source capture.



Hygienist and patient using **Nederman FX₂** during a scaling procedure.



Doctor and patient incorporating **Nederman FX₂** during a restorative appointment.



Ultrasonic scaling while using **Nederman FX₂**.



42 CLINICAL EVALUATORS

2151 PATIENT ENCOUNTERS

96% CLINICAL RATING

Key features: Visor-style face shield • Replaceable shields • Flip-up visor
• Optional headlight attachment • Extendable visor

Description

The **Ultra Light Optics™ Loupe Face Shield** is a reusable visor that features:

- Adjustable head strap
- No Velcro, cloth strings, or sponges, making it fully disinfectable
- Replaceable front and top shields
- Replaceable closed-cell memory cushion on forehead
- Visor can be flipped up between procedures or when talking to patients
- Anti-fog coating on the shields

Indication

- All procedures where personal protective equipment is indicated

Unique Attributes

- Light-weight
- Completely adjustable
- Optional drop-down headlight adapter
- Optional mounting brackets on outside of shield for headlight
- Visor extenders available to accommodate long loupes/lights
 - 1" extender allows for 3.25" of clearance
 - 1.75" extender allows for 4" of clearance



Clinician: Dr. Ravichandra Juluri

Editor's note: Since the evaluation, Ultra Light Optics has developed an extra thick, re-usable and wipeable replacement shield.



Clinician: Dr. Ona Erdt



Clinical Tips

- Attaching the light to the outside is advantageous. The lighting from your headlight is crisper and stays aligned in your field of vision.
- You can use the frame to attach the facemask as an "ear-saver" and spare tension on your ears.

"FAR SUPERIOR TO ANY OTHER FACE SHIELDS WE HAVE TRIED."

Evaluators' Comments

"Adjustable for loupes and lights and the shield came down longer than my other shield - better protection."

"Very light-weight. It does not give me a headache no matter how long I wear it."

"Very easy to adjust and maintains that desired position."

"I felt more protected because the shield covers the lower part of my face. Other brands I have tried stuck out and left my lower face exposed."

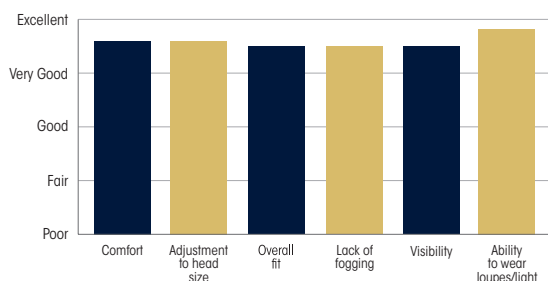
"Utilizing the extender, I wore my loupes and headlight underneath the shield easily."

"My vision was not distorted through the shield."

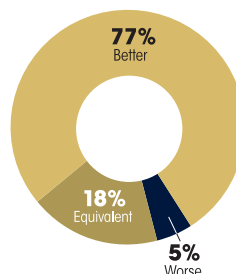
"It slid around some on my cap."

"Because it is so customizable, it took quite a bit of time to put together and there were quite a few parts."

Evaluation Summary:



Compared to Competitive Products:



Consultants who would:

93% Recommend to a colleague
7% Not recommend to a colleague

Consultants who would want to stock in office:

48% Yes instead of current product
38% Yes in addition to current product
12% No, however I might want to order it for certain cases



24 CLINICAL EVALUATORS

212 TOTAL USES

90% CLINICAL RATING

Key features: Silver Diamine Fluoride (SDF) and Potassium Iodide (KI)

- Two-step procedure minimizes risk of staining
- Multiple indications

Description

Riva Star is a next generation SDF:

- SDF + KI system
- Unlike other silver diamine fluoride systems, Riva Star's two-step procedure minimizes the risk of staining
- Two-year and beyond desensitizing effect
- Non-invasive and ideal for minimally invasive dentistry

Indications

- Desensitizing
- Caries arrest
- Caries detection
- SMARTer glass ionomer sandwich technique

Unique Attributes

- Versatile indications
- An SDF material with minimal staining
- Increases bond strengths of glass ionomer restorative materials to dentin



Clinician: Dr. Ona Erdt



Clinical Tips

- Very good at determining caries missed at initial excavation.
- It can be tempting to only place one application of the KI material, but make sure to place multiple applications until the white precipitate turns clear (around 90 seconds).

"LESS WORRY
ABOUT STAINING."

Evaluators' Comments

"Ease of use and minimal staining. This is a well thought out product."

"It did not turn the unattractive black color like its competitor."

"Much, much better than competitor. Less messy."

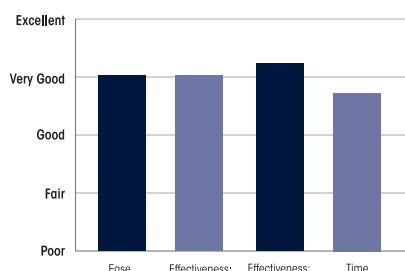
"Easy to use two-step procedure."

"Desensitizing effect was great."

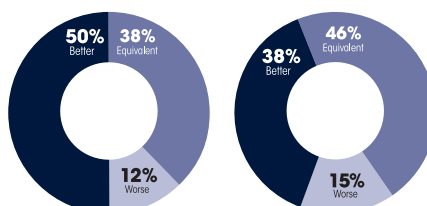
"Two steps require longer working time."

"I found it hard to adequately isolate due to the viscosity of this material."

Evaluation Summary:



Compared to Competitive Products:



Consultants who would:

88% Recommend to a colleague

Consultants who would want to stock in office:

38% Yes, instead of current product

33% Yes, in addition to current product

21% I might want to order it for certain cases



33 CLINICAL EVALUATORS

694 TOTAL USES

91% CLINICAL RATING

Key features: Evacuation line cleaner • Innovative dispenser system with Vortex™ technology • Improves performance of underperforming suction lines

Description

Monarch CleanStream® evacuation line cleaner is:

- Designed for daily cleaning, penetrates and helps remove line buildup, while maintaining vacuum performance and increasing suction
- A non-foaming, non-enzymatic concentrated formula and lasts up to 5 days if pre-mixed
- Compliant with BMP for dental amalgam waste, non-oxidizing and has a pH of 7-8
- Non-corrosive

Unique Attributes

- Innovative dispenser system with Vortex™ technology to atomize the mixture to clean the entire tubing walls.
- The system holds enough line cleaner for two operatories. When one operatory is complete, it automatically stops suctioning and is ready to move to the second operatory.
- Many clinical evaluators saw enhanced suction power of up to 43% in underperforming operatories.
- The use of flowmeters increased the evaluators' awareness of the importance of suction power, which is critical for effective aerosol capture.



Indications

- Cleans and deodorizes evacuation lines for all wet and dry vacuum systems

"WE EXPERIENCED IMPROVED SUCTION AFTER JUST ONE USE."

Evaluators' Comments

"The dispenser is the best part. Very easy to use and easy to teach new people with no guess work. This design is a win."

"The fresh smell is amazing!"

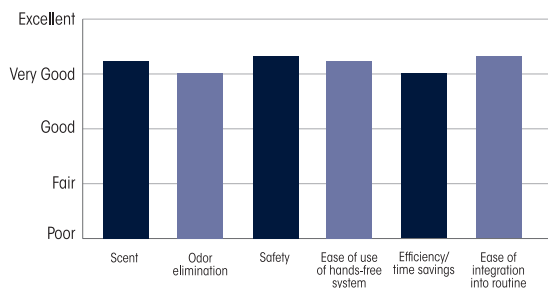
"It really does eliminate odor in the evacuation lines."

"Can suction hands free and use in multiple rooms without having to refill after each room."

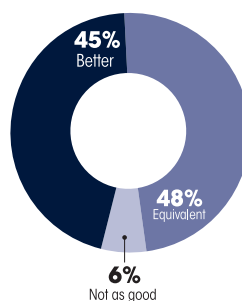
"Our suction lines didn't always stay attached to dispensing container."

"It took a little longer than our current method."

Evaluation Summary:



Compared to Competitive Products:



Consultants who would:

84% Recommend to a colleague

Consultants who would want to stock in office:

59% Yes, instead of current product

13% Yes, in addition to current product

19% I might want to order it for certain cases

Monarch CleanStream®

Office D



Operator 1

Before: 6.9

After: 7.4

Prior product used: **Slugbuster**

Dispensing system of prior product: No dispenser

Protocol of prior product used: Bi-weekly



Office E



Operator 1

Before: 10.2

After: 10.5

Prior product used: **PureVac SC**

Dispensing system of prior product: Bucket

Protocol of prior product used: Once daily



Office F



Operator 1

Before: 7.2

After: 7.3



Operator 2

Before: 7.3

After: 7.9



Operator 3

Before: 9.7

After: 10

Prior product used: **RAMCLEAN**

Dispensing system of prior product: Cup

Protocol of prior product used: Weekly



Operator 4

Before: 10.2

After: 10.3



Measuring Suction Power Before and After Use

Flow rate was measured from 10 operatories in 6 offices before and after using **Monarch CleanStream**. Any measured suction power below 7 SCFM is considered to be severely underperforming. Several offices saw improvements above the 7 SCFM range after using **Monarch CleanStream**. Across all 10 operatories, suction power increased by 12% on average and as high as 43% in one instance.

Office A



Operator 1

Before: 6.5

After: 9.5

Prior product used: **PureVac SC**

Dispensing system of prior product: Bucket

Protocol of prior product used: Multiple times per day



Operator 2

Before: 7

After: 10



Office B



Operator 1

Before: 6

After: 7.2

Prior product used: **Maxi-Evac**

Dispensing system of prior product: Special dispensing system

Protocol of prior product used: Once daily



Office C



Operator 1

Before: 6.5

After: 7

Prior product used: **Biotrol**

Dispensing system of prior product: Biotrol atomizer

Protocol of prior product used: Once daily





43 CLINICAL EVALUATORS

1304 TOTAL USES

92% CLINICAL RATING

Key features: Streamlined universal composite system • 3 shades match all 16 VITA classical shades • Designed for use without a blocker

Description

SimpliShade is a nano-hybrid composite resin that:

- Matches all 16 VITA classic shades with just 3 shades: Light, Medium, and Dark
- Is designed for use in all cavity classes without the need for a blocker
- Incorporates the Adaptive Response Technology (ART) filler network, also found in **Harmonize** which enables dynamic viscosity for superior handling and optical characteristics that mimic human enamel.

Indications

- Direct placement in anterior and posterior teeth
- Core build-ups
- Repair of porcelain and composite restorations

Unique Attributes

- Reduces composite inventory
- Makes shade selection simpler and faster
- Excellent esthetics
- Also available in a bleach shade and a universal opaque shade



BEFORE



AFTER

Clinician: Dr. Sabiha S. Bunek
Pre- and Post-treatment of tooth #8.



Clinical Tips

- If you are going to use this material consistently, arrange the VITA shade guide light to dark to correspond to **SimpliShade** light to dark equivalent shades.
- Polish with diamond paste and you will get a glassy smooth finish that rivals your most beautiful glass-ceramic restorations.
- If you have to choose between light and medium, go for the light because it tends to err on the side of darker.

"SUPERIOR HANDLING PROPERTIES."

Evaluators' Comments

"An outstanding composite that should be in every dentist's armamentarium of go-to restorative materials."

"Good product that is very useful in most clinical cases with minimal inventory or material."

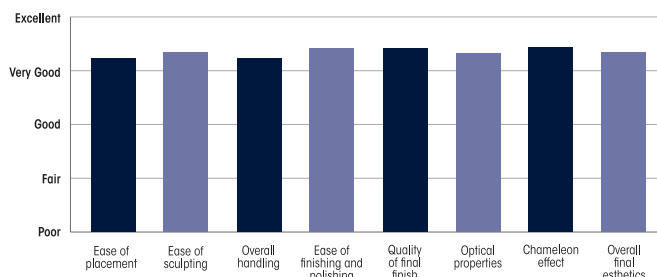
"Good addition for difficult matching situations."

"Excellent handling characteristics with a superior chameleon effect, even without blockers."

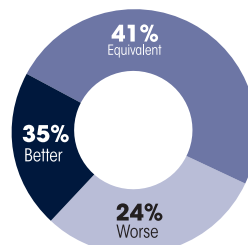
"Too translucent for certain instances."

"A good product for anteriors; however, I prefer a bit more firmness in a posterior composite."

Evaluation Summary:



Compared to Competitive Products:



Consultants who would:

86% Recommend to a colleague

Consultants who would want to stock in office:

5% Yes, instead of current product

60% Yes, in addition to current product

16% I might want to order for certain cases



36 CLINICAL EVALUATORS

916 TOTAL USES

86% CLINICAL RATING

Key features: Needle system • Built-in recapping sheath

Description

SimpleCAP needle system:

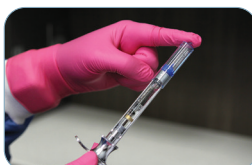
- Dental needles with a built-in recapping sheath:
 - Designed to prevent needlestick injury
 - Twist to unlock and lock
 - Slides vertically to cover or expose the needle
 - Obscures the needle from the patient's view
 - Meets OSHA definition of engineering control

Indication

- Injection of dental anesthetic

Unique Attributes

- Fits on a standard aspirating syringe
- Keeps fingers away from needle tip while recapping
- Does not require a separate recapping device
- Sharp, smooth needle
- Hub-to-tip needle length is longer than standard needle
 - 27L is 15% longer
 - 30S is 20% longer



Clinical Tips

- You can keep the needle sheathed and expose it just before injecting to obscure it from the patient.
- Don't bend the needles if you anticipate you will need to reinject.
- It is a little different than what you are used to, so make sure you and your assistants watch the training videos. There is a very good troubleshooting video as well.

"THE ADDED SAFETY
FEATURE GIVES ME
PEACE OF MIND."

Evaluators' Comments

"The clear sheath being incorporated right on the needle is a great idea."

"It was easy to sheath and un-sheath the needle."

"SimpleCAP provides the ability to prevent needle stick injury while providing painless injections, due to the quality of the needle sharpness, at the same time."

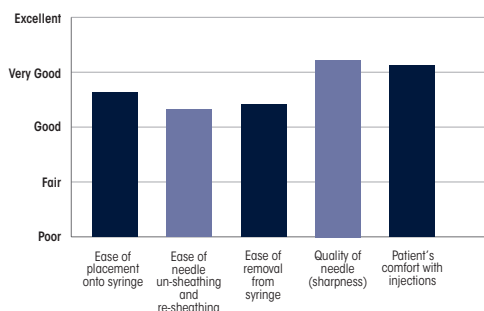
"I liked not having to worry about the cap falling on the floor and having an exposed needle on the tray."

"I liked having the option of delivery to the mouth with the barrier in place. I found this to especially be a great option for a restless patient."

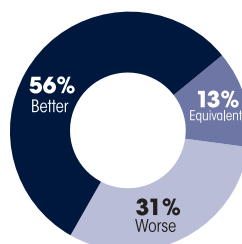
"The size of the product took up more space in the sharps container."

"It was more difficult to see around the sheath when administering certain injections such as a PSA."

Evaluation Summary:



Compared to Competitive Products:



Consultants who would:

63% Recommend to a colleague

Consultants who would want to stock in office:

11% Yes, instead of current product

26% Yes, in addition to current product

20% I might want to order them for certain cases



35 CLINICAL EVALUATORS

842 TOTAL USES

91% CLINICAL RATING

Key features: Universal composite • Nanohybrid • Highly esthetic

Description

Luna is an anterior/posterior nanohybrid composite with:

- Nano and micron-sized filler particles
- 77% filler load
- 13 universal shades and 5 specialty shades
- Natural fluorescence and opalescence

Indications

- Direct anterior and posterior restorations and veneers
- Core build-ups
- Indirect inlays, onlays, and veneers
- Splinting
- Composite and porcelain repair
- Sandwich technique with glass ionomers

Unique Features

- Superior handling characteristics
- Creamy consistency
- Chameleon effect and ideal translucency



Before and after treatment of tooth #9 by Dr. Billy Pournaras



Clinical Tips

- Not as packable in the posterior due to the creamy consistency, so be sure to adapt well. It does create a good contact.
- Because of Luna's translucency, for Class IV or large Class III restorations, consider placing a dentin shade or one of their specialty opaque shades to prevent shine through in the final restoration making it looking dark or grayish.
- I would place a wider bevel to get seamless blending.
- Use very small increments and a small plugger to get it to pack onto the restoration well.

"FANTASTIC HANDLING AND GREAT ESTHETICS."

Evaluators' Comments

"Can be sculpted and stays put."

"When used for buildups, it cuts very much like dentin."

"I liked the consistency when expressed from the capsule. It was smooth and creamy."

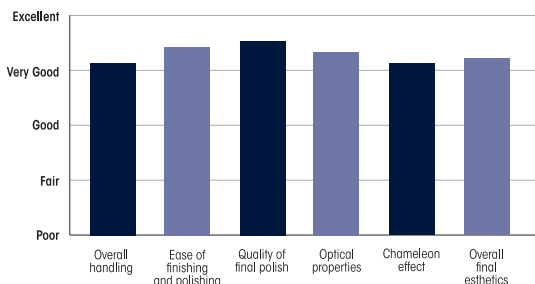
"Consistent ease of placement as well as superior final results."

"Finishes and polishes easily."

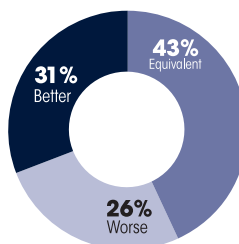
"Trust your shade guide; the final color is accurate, but there was a bit of a pre/post-cure color shift."

"More translucent than I like; I would like to see this in a bulk-fill for the posterior as well."

Evaluation Summary:



Compared to Competitive Products:



Consultants who would:

83% Recommend to a colleague

Consultants who would want to stock in office:

9% Yes, instead of current product

57% Yes, in addition to current product

23% I might want to order it for certain cases