

ADJUNCTS IN PERIODONTAL THERAPY

Snake Oils or Essential Oils?

Matthew Perkins evaluates some of the available options for adjunctive treatment in periodontitis

(article continued from inside back cover...)



Picasso soft tissue laser

Again, I use this tool in difficult to access areas such as furcations to attempt simple healing from non-surgical treatment.

B. Photodynamic therapy. This technique areas are clean, whereas in periodontal applications, the pocket is often full of blood which may impact the efficacy of the laser.

SUMMARY

This is the briefest of overviews into some of the adjunctive options that are available in the non-surgical treatment of periodontitis. However, a note of caution. These adjuncts are not a substitute for basic, good quality principles of periodontal care. The most important things are to get the oral hygiene as good as possible and to control as many risk factors as possible. After this, thorough debridement is essential and only then do you consider the use of an adjunct. If you are going to use an adjunct, remember that the level of improvement may not be significant for all patients, but most patients will accept their use if it gives them a better chance of disease improvement and tooth retention in the long term.

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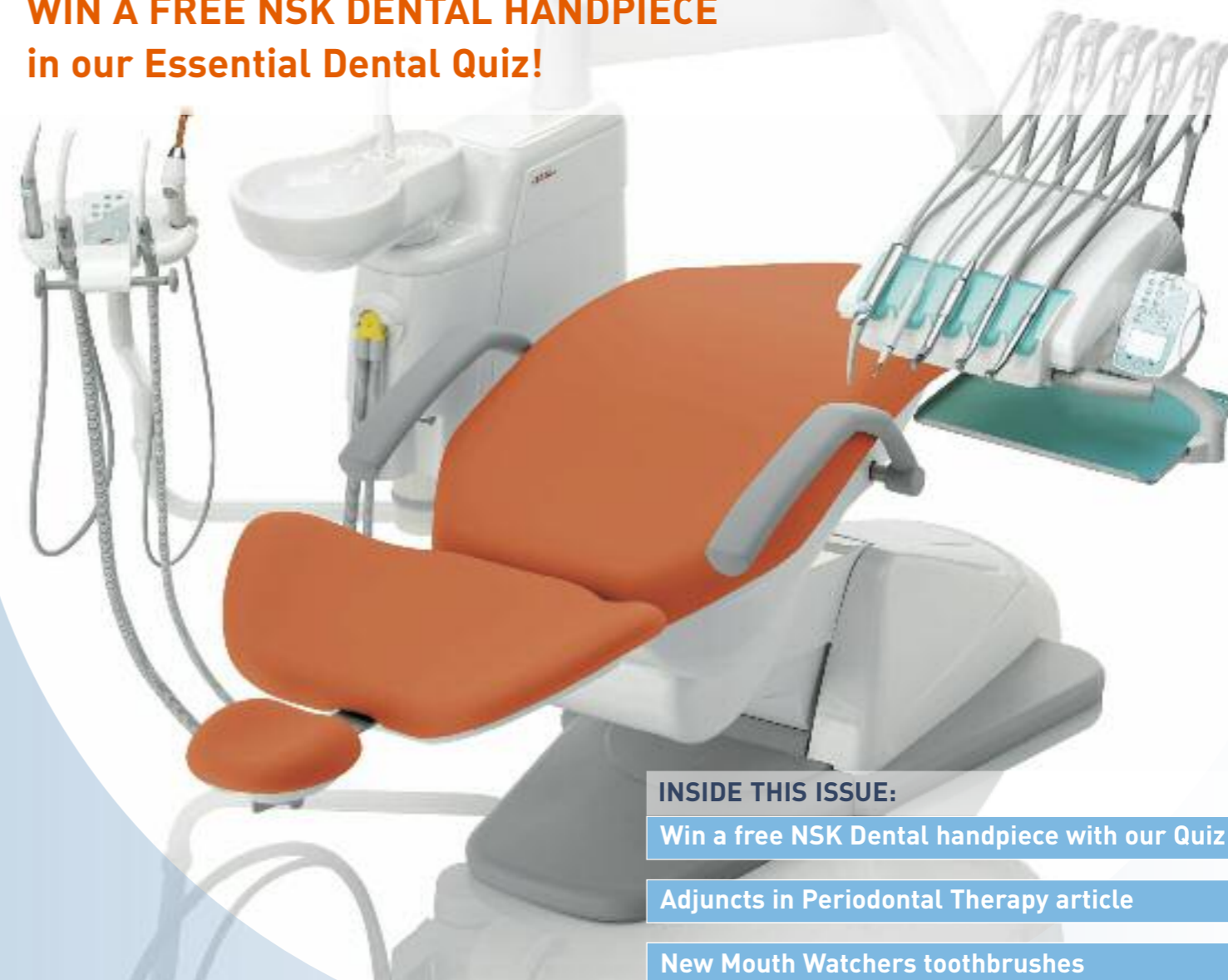
your informative guide to the dental market

Winter 2011 / Spring 2012

CEFLA DENTAL CHAIRS

10 key factors to consider when choosing a dental chair for your surgery - see inside for the different packages available!

WIN A FREE NSK DENTAL HANDPIECE in our Essential Dental Quiz!



INSIDE THIS ISSUE:

Win a free NSK Dental handpiece with our Quiz

Adjuncts in Periodontal Therapy article

New Mouth Watchers toothbrushes

10 KEY FACTORS TO CONSIDER when choosing a dental chair for your surgery



Buying a dental chair is a considerable investment. We believe that there are many factors which should be taken into consideration prior to making a final decision.

1. FORM OF THE CHAIR

One of the key points to consider is the style and layout, do you prefer to use a continental, international or cart model?

The most ergonomic form is the continental as it is specifically designed to reduce the risk of RSI, but for most it is a question of personal preference.

2. DESIGN OF THE CHAIR

(i) Thickness of the backrest, to allow the dentist a comfortable proximity to the patient.

(ii) Do you require the use of a right armrest?

Many recent chairs do not come with this as standard as it offers the patient a pivot point to brace himself or herself against.

(iii) Patient Comfort

Dental chairs can be adjusted to a variety of positions without making the patient uncomfortable; it should also be well padded to ensure the comfort of the patient because some procedures tend to take quite long.

3. EXAMINATION LIGHT

Consider whether you require an integrated examination light, and decide on the specification and quality required.

4. LAYOUT OF THE DENTIST'S STATION

Do you require the following equipment to be integrated?

- Fast or slow handpieces
- Airmotor / Micromotor
- Three in one or six in one: Air / Water / Spray (Alternatively with heated versions)
- Scaler
- Curing light
- Camera

5. LAYOUT OF THE NURSE'S STATION

Do you require the following equipment to be integrated?

- Curing light
- Suction tips
- Three in one or six in one: Air / Water / Spray (Alternatively with heated versions)
- Additional trays

6. EASE OF USER MAINTENANCE

Is the chair easy to maintain?
Is it easy to change filters and check components?
What level of staff training and maintenance is required?

Good care of the dental chairs and stools in your practice will ensure that they keep giving the best service to you and your patient for years to come. It is essential that they are well cared for as these are your core items of surgery equipment. Moving parts should be lubricated with a retailer-approved lubricant.

When you are purchasing the chair, ask the supplier about their equipment servicing options. Promed has four service engineers who will be happy to advise you on all aspects of dental chair function.

7. HYGIENE

You may wish to consider seam-free upholstery which makes the chair easier to wipe down and disinfect.

8. MULTIMEDIA INTEGRATION

Do you require an integrated digital x-ray and / or intra oral camera? It allows for instantaneous viewing of x-rays / images if you have a monitor in the room. You can also choose to have an integrated monitor mounted on the chair.

Think ahead, you may not need this functionality right now, but these are features which may be added at a later stage!

9. CONTROL OF INSTRUMENTS

Ergonomic Foot Control allows the dentist full functionality of the chair in an ergonomic fashion.

Do you require digital control – for more advanced procedures, you may want the option of digital control for micromotors to accurately set speed and torque.

10. DENTAL STOOL ERGONOMICS

Look for a chair or stool that is labelled ergonomic. An ergonomic dental chair or stool is one that you can adjust to fit with your unique personal needs taking in account your specific needs as height, and weight among other features. A feature that you may want to look for in dental stool is a tilting seat pan as it reduces low back pain and allows for closeness to the patient. A tilting saddle type seat is also useful for reducing strain to the spine and is a good choice for shorter dentists and smaller office spaces.



GETTING THE MOST OUT OF YOUR DENTAL CHAIR

Choosing the correct dental chair for your practice is more than making a choice based solely on price; you want to ensure that your patient is as comfortable as possible, and you also want to increase your output and that of your assistants by choosing ergonomically designed chairs.

DENTAL CHAIR PACKAGES

Here are specifications for three different chair types. Call us today for a competitive quote!

Promed is pleased to announce that we are the sole distributor of Anthos chairs in the Republic of Ireland.

Anthos, Italy's leading manufacturer of dental equipment, delivers treatment centres designed to suit each dentist's personal operating style.

Design, versatility and user-friendliness are key values of this brand which is renowned worldwide in the dental profession for the past 60 years.

Anthos prides itself on the sheer scope of its range and the versatility of every single dental unit. In addition to single units, Anthos supplies comprehensive work islands that provide everything needed by today's dentist, with a strong focus on design, efficiency and cost.

Promed has four Service Engineers available nationwide to install, calibrate, and service your chair at a time convenient to you...

"Call us on freephone 1800 619 619 and ask about our service and repair options."



Anthos A3

Structural parts such as the patient backrest are made of cast aluminium to increase strength and durability

The ceramic cuspidor bowl offers excellent resistance to chemical corrosion

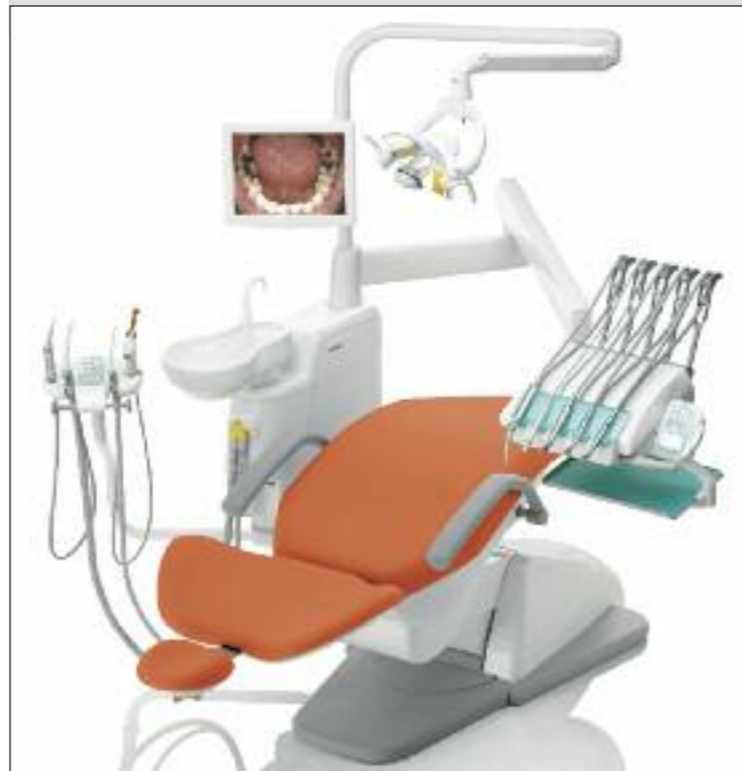
Instrument levers are made of nylon to ensure that are able to withstand constant use

The use of extruded aluminium for the pentagraph arm ensures both strength and lightness

The seamless co-moulded SKAI padding features fabric reinforcement to prevent tearing or warping

In addition to providing comfortable support for the patient, the chair lets medical personnel get comfortably close to the operating area thanks to tapering between the seat and lumbar support zones

STANDARD PACKAGE
starting from €11,800 ex VAT



Anthos A5

The A5 range is the model with the widest range of working configurations and ergonomic set ups.

The A5 Continental ensures the dentist works fluidly while enhancing smooth interaction with the assistant.

The dentist's module mounted on the pentagraph arm can comfortably reach all the working positions in the 9 o'clock - 1 o'clock range.

Patient chair controls and instruments can easily be reached from any position thanks to their intuitive arrangement on the dentist's module and assistant's module.

Exerting pressure on the base of the patient chair at any time causes temporary interruption of suction. Easy dental unit control is in itself a major ergonomic factor.

On the international and cart models the dentist can, where a sixth instrument is desired, choose between the C-U2 intraoral camera and the T-LED curing light.

STANDARD PACKAGE
starting from €14,500 ex VAT

Anthos R7

Cast aluminium, with its solidity, outstanding mechanical strength and lightness allows for stylish chair design and a particularly thin backrest.

A hydraulic mechanism provides smooth, silent movement of the chair.

In its complete version, with unit body, dentist's module and assistant's module, the R7 can, in just a few quick moves, be converted from a right-handed dental unit to a left-handed one.

To change the dentist's module from a right-handed to a left-handed configuration and vice versa, the user simply detaches the control panel, rotates the connector 180° and repositions the panel on the opposite side of the module. As simple as slotting in a USB key.

The seat features extensive vertical travel, allowing the patient to be positioned at exactly the right height whatever the task at hand.

STANDARD PACKAGE
starting from €17,800 ex VAT



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Free ten day handpiece trial available!



NSK's strength comes from its consistent "build everything in-house" philosophy; from development to manufacturing, and from jigs to small parts. This enables NSK to shorten the time to the market, reduce production cost and perform thorough quality assurance.

NSK was established in 1930 as a manufacturer specialising in super high-speed rotary cutting technology. Since then, they have been accumulating expertise over the years and expanding their range of business from dentistry to general industry, and even into the field of surgery.

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- New Z series slow speeds 3 year warranty
- Smallest head, and slimmest neck on the market
- Quiet with far greater access
- Ti max high speeds 2 year warranty
- Compatible with most leading brand connections/couplings ie Kavo, W&H, Sirona & Bienair
- Lightweight Titanium for minimum hand-strain
- Compatible with washer disinfectors
- Ti max X700L torque head has an unmatched 22w power
- Exceptionally competitively priced
- LED couplings available in NSK, Kavo & Sirona couplings providing a more powerful natural and longer lasting white light
- Also available in LED for Bienair & W&H high speeds

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- ISO E-type external water spray
- 1:1 Direct drive
- Clean Head System - Prevents internal contamination - Extends handpiece life
- Ergonomic Triangular Grip
- Autoclavable at 135°C
- EX-6BM and EX-6DM can be washed in the thermodisinfectors
- For HP burs (Ø2.35)

Ergonomic Triangular Grip



Cat No 67183 worth €211.20 ex VAT

WIN A FREE NSK DENTAL HANDPIECE WITH THE PROMED 'ESSENTIAL DENTAL' QUIZ!



TO ENTER THE QUIZ please answer the following three questions and email your answers to competitions@promed.ie giving your name, practice name and contact number. The answers can all be found in this issue of Essential Dental!

QUESTION 1. How many years has Anthos been renowned in the dental profession?
A) 50, B) 60, C) 70

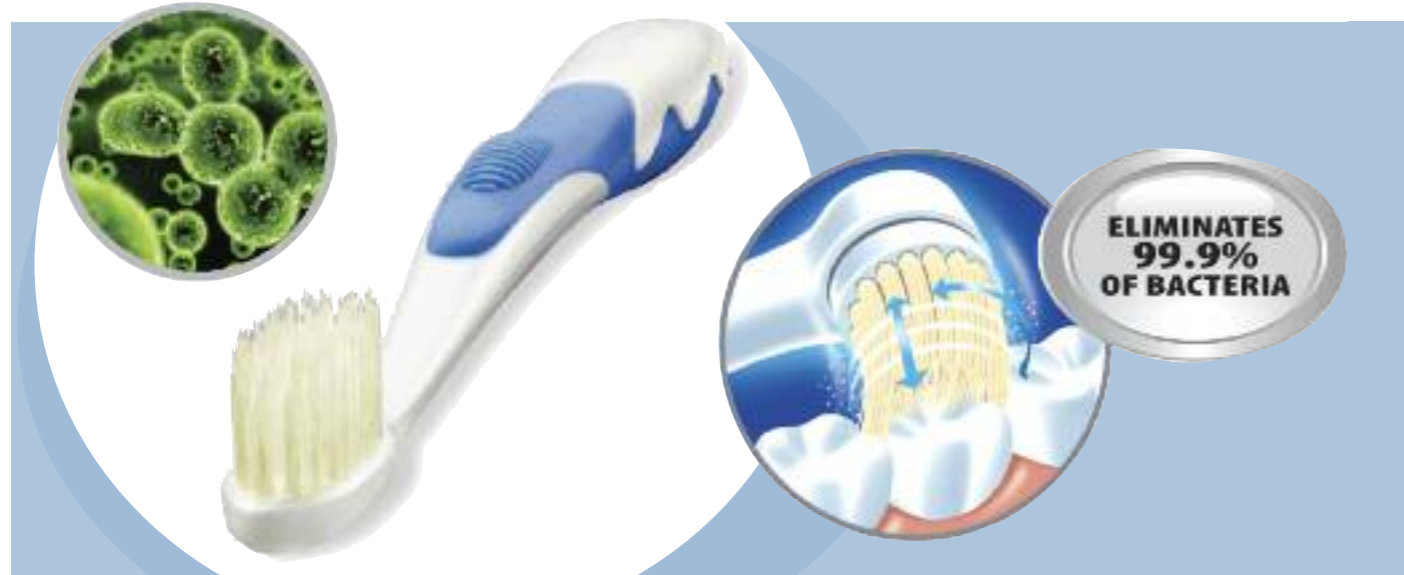
QUESTION 2. The EX 6BM handpiece is autoclavable at 135°C
True or False?

QUESTION 3. MouthWatchers antibacterial toothbrushes have been independently tested to eliminate 99.9% of bacteria over what period of time?
A) 4 hours B) 5 hours C) 6 hours

Best of luck to all entrants! Winners will be announced on December 23rd 2011.

EXCLUSIVE TO PROMED: THE NEW MOUTHWATCHERS TOOTHBRUSH!

Generate revenue for your practice with these antibacterial toothbrushes with flossing bristles



A single toothbrush is home to millions of harmful micro-organisms.

Bacteria thrives in a toothbrush after use. In a warm moist environment on an average bathroom, bacteria on your toothbrush can double every 20 minutes, resulting in as many as 100 million micro-organisms on your toothbrush!

This bacteria can lead to illness, cavities and gum disease, USA Today Health Review reported that "The most serious threat to your everyday health may be hanging in plain sight in your bathroom."

Clinically proven to eliminate 99.9% of bacteria.

Our innovative antibacterial bristles eliminate 99.9% of bacteria build up on the toothbrush. Using patented technology, nano-silver suppresses a bacteria cell's respiration and metabolism thus inhibiting cell growth that normally causes infection, odour and illness.

The Mouth Watchers Antibacterial Toothbrush was tested at two independent laboratories and proven to eliminate 99.9% of bacterial within 6 hours.

Flossing bristles provide superior cleaning

With its revolutionary bristle design, the Mouth Watchers Antibacterial Toothbrush is the first and only toothbrush to properly clean areas where bacteria most often lives.

In addition to a bed of thicker bristles for stability and power, the advance Flossing Bristles access the central fossa area of a tooth (the central region with ridges and grooves where 90% of cavities occur) and periodontal pockets (between the gum and tooth) to brush away cavity and gingivitis causing food and plaque build up. This is why your teeth feel like they have been professionally cleaned every time you use your Mouth Watchers toothbrush.



Traditional Toothbrush



Misses Cavity Causing Plaque & Food

Mouth Watchers®



Reaches and Brushes Away Cavity Causing Plaque & Food



TESTIMONIALS

I just wanted to simply let you know that I received a sample of your Mouth Watchers toothbrush and truly loved it. I found the bristles to be so kind to the soft tissue and felt the level of cleanliness the brush allowed was superior to any brush I have used in the past. This brush makes you look forward to brushing! I am happy to hear that you have a youth brush. Best wishes and keep up the good work!

Peter Arsenault, DMD, MS
Head, Operative Division,
Department of prosthodontics and
Operative Dentistry
Tufts University School of Dental Medicine

I try many new products and it takes a lot to impress me. The Mouth Watchers toothbrush made such a significant impression on me that I am writing this testimonial. This brush is very gentle on gums while at the same time it feels like it is effectively removing plaque. Your mouth feels very clean after you use it. I love knowing that the germs from the last brushing cannot survive on my toothbrush. It is like using a new toothbrush each time!

Christine Dominick, RDH, M. Ed
Associate Professor
Forsythe School of Dental Hygiene

**Blue / Green Adult Toothbrush, or
Yellow / Pink Child Toothbrush**
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SPECIAL INTRODUCTORY PRICE:
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Sell at €4.95 a brush and earn €39!

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 See the below article as to why Matthew Perkins recommends use of this product!

ADJUNCTS IN PERIODONTAL THERAPY Snake Oils or Essential Oils?



Matthew Perkins evaluates some of the available options for adjunctive treatment in periodontitis

BIOGRAPHY:

Matthew Perkins, BDS MSc(Perio) MClintDent(Perio) MFD RCSI MRD RCSEd, is a specialist periodontist. Matthew is one of the principal dental surgeons at MODUS Advanced Dental Clinic in Coventry and also works as a visiting periodontist and implant surgeon in Oxfordshire and Buckinghamshire. He is the current Young Dentist of the Year.

As I have discussed in previous articles, the use of a risk-based approach in the diagnosis of periodontitis is important if we are to tailor a management programme specifically designed to address the patient and their risk factors.

In patients with noted risk factors, then modification of these should be attempted if possible (e.g. smoking cessation). However, in the non-surgical treatment of periodontitis, is there a case for adjunctive therapy, perhaps to try and counteract the effects of risk factors that cannot (or are not) modified? Broadly, adjuncts fall into systemic or topical categories. There are many varieties of adjuncts, too many to discuss here, but I will broadly cover some of the most common.

SYSTEMIC

1. ANTIBIOTICS

The role of systemic antibiotics in aggressive periodontitis is well established. In aggressive cases, supplementation of non-surgical therapy with a course of antibiotics is the treatment plan of choice. However, what is more contentious is which antibiotic regime should be prescribed. The main schools of thought are amoxicillin and metronidazole for

seven days, or doxycycline 100 mg daily for 2 weeks (200mg on day one). The non-surgical treatment should ideally be carried out in one visit, or within one week of starting.

In chronic periodontitis, the evidence suggests that antibiotics are not indicated as the concentration within the gingivocrevicular fluid is low, and the plaque biofilm is difficult to penetrate with antibiotics. As a rule, antibiotics should be avoided in chronic periodontitis cases.



2. HOST MODULATION THERAPY

The use of a host modulator works on the basis that a systemic drug may be able to alter the healing processes in the tissue after treatment. The most common is Periostat. This is doxycycline 20mg, which is taken

twice daily. Although this is an antibiotic in higher doses, at this dose, doxycycline acts as a collagenase inhibitor, effectively reducing the number of enzymes that break down gingival tissue. It has been shown in some studies to provide a significant advantage over non-surgical treatment alone. I use this in cases of uncontrolled diabetes or those patients who do not quit smoking. It is normally given for six months, but in some cases may be used for only three months, or sometimes as long as nine.



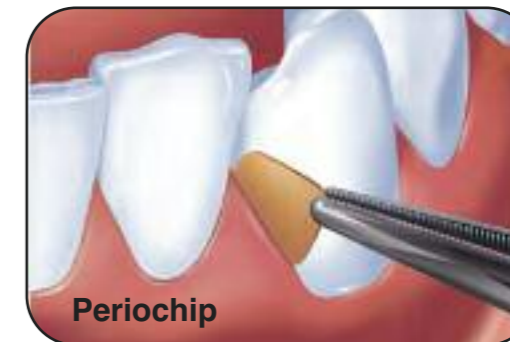
TOPICAL

1. ANTIBIOTICS

The most commonly used in the UK is Dentomycin gel, which comes in a 2% solution. It is applied using a blunt cannula after root surface debridement. Ideally it is then reapplied every two weeks. This aims to reduce the bacterial insult subgingivally during the healing post-treatment. However, as with all of these adjuncts, maintaining an effective dose in the pocket for long enough to have an effect is a big challenge.

2. ANTIMICROBIALS

In the UK, the most popular and commonly used topical antimicrobial is PerioChip. This is a chlorhexidine-infused chip which is placed in a pocket after root surface debridement. Studies show a significant improvement in clinical attachment over root surface debridement alone. However, the level of attachment gain was approximately 0.1mm, so although statistically significant, is it clinically significant?



The next adjunct, and my preferred choice when I choose to use a topical antimicrobial, is Chlo-Site. This is a chlorhexidine gel that is infected with a blunt side port needle into periodontal pockets after root surface debridement. It sets in the pocket and dissolves over a 15-day period. The rationale of this is that it excludes microbials from the periodontal pockets during the initial healing phase, and the setting ensures an elevated dose as it is not washed from the pocket by gingivo-crevicular fluid. I use this product in furcations and other difficult to access areas after non-surgical treatment to attempt simple healing of this unpredictable area.

3. LASER

A. Laser disinfection. The other topical adjunct that I use in practice is a soft tissue laser. These versatile tools can be used for soft tissue surgery, gingival retraction and implant uncoverly as well as in a non-cutting role for periodontal or endodontic 'disinfection'. The premise is that the laser is used in a pocket after debridement to further reduce bacterial numbers and thus improve the initial phase of healing.



article, as printed in the June issue of PPD, continued on the back page...