



## PRESIDENT'S WELCOME

Dear **Colleagues,**

### Welcome to Birmingham and the 20th Anniversary ADI Congress.

The organisation has grown enormously over the years and now has a membership of some 1500 members.

The ADI has become renowned for the excellence of its biennial congresses and this is no exception. One of the aims of our scientific committee was to try to bring to this ADI Congress new and exciting speakers who will grace international podiums in the future. I would like to thank the scientific committee for all their hard work in producing a fantastically comprehensive scientific programme.

The ADI is always keen to introduce new ideas, such as the "live surgery" generously sponsored by Nobel Biocare, but of course all our friends in the industry have helped to make this a memorable event in their various ways. I would like to thank all the exhibiting companies for their support.

The ADI, I believe has "come of age" and the individual members will see many new innovations being brought forward by the committee, to enhance their individual practices in the very near future.

While this is an exciting time to be practising implant dentistry, we must also take a moment to reflect on the past, since, without the vision of the past chairmen of the Association, we would not be in a position to be organising this congress at all. I would like to pay tribute to each and every one of them.

Finally I would like to thank all the participants from round the world for the time and effort they have made to join us today, and wish you all an enjoyable and educational experience.

**Philip Bennett**  
ADI President

Scientific Committee:  
**Edwin Scher (Chairman)**  
**Michael Norton**  
**Tidu Mankoo**



# CONGRESS INFORMATION

## REGISTRATION & ENQUIRY DESK

Situated in the foyer of the ICC, the desks will remain open from 0800 for the duration of the Congress. Please call at the desk where staff will be pleased to assist with information on all aspects of the Congress. The telephone number for incoming messages is: **0121 335 8400**.

## NAME BADGES

Congress name badges must be worn at all times whilst in the ICC both for admission to sessions and for catering purposes.

## PLENARY PROGRAMME

All registered delegates are welcome to attend plenary scientific sessions in Hall 1 at any time during the three day programme.

## NURSES/PRACTICE STAFF PROGRAMME

This parallel programme takes place on Friday 4 May. All participants pre-registered for this programme should be seated in Hall 5 no later than 0900 for the start of the day's programme.

## HYGIENISTS PROGRAMME

This parallel programme takes place on Friday 4 May. All participants pre-registered for this programme should be seated in Hall 8 no later than 0900 for the start of the day's programme.

## AUXILIARY WORKSHOPS


The optional workshops will be held in Hall 8 from 0930-1230 on Saturday 5 May. The workshops have been organised for nurses, staff and hygienists who have requested attendance on the booking form. Preferences have been collated so that participants can rotate around as many of their selected options as possible.

## POSTER PRESENTATIONS

All delegates are urged to view the posters on the balcony of Hall 3. The Poster Prize will be presented to the winning entry in the main auditorium on Friday 4 May.

## CATERING

All catering will take place in Hall 3 within the exhibition area. Early morning coffee, mid morning coffee, afternoon tea and fork buffet lunches will be served from stations surrounding the hall. Delegates must present appropriate catering voucher provided at registration to the catering staff in Hall 3.


Lunches are kindly sponsored by  Rocky Mountain Tissue Bank. On Thursday, a light snack/lunch is available and on Saturday there will be no afternoon tea break.

## EXHIBITION

Exhibitors will display products and offer advice throughout the Congress. A list of companies and product editorial is located in this programme.

## WELCOME RECEPTION

The Welcome Reception will take place in the Birmingham Museums & Art Gallery from 1815-1945 on Thursday 4 May.

The event, sponsored by  **straumann** is inclusive for all registered delegates. Tickets (posted in advance) must be presented for admittance. The venue is located a 5 minute walk from the ICC.

## CONGRESS DINNER

Tickets for the optional themed Congress Dinner "The Ascot Ball" have been posted in advance to all guests and must be presented for admittance. Guests wishing to reserve a table with friends should go to the Enquiry Desk and complete the table plan available until lunch time Friday. Otherwise seating will be on an informal basis.

The evening begins at 1900 in the foyer of the ICC and finishes at 0200.

## EVALUATION

In keeping with accreditation procedures, each participant must complete the evaluation form enclosed in the Congress bag.

## CERTIFICATES

Certificates of attendance will be available for collection on departure from the Congress.

## ADI STAND

All delegates are invited to visit the ADI stand at the rear of Hall 3 to view latest ADI developments and to meet ADI Committee members.



## Sara Andrews

Sara has worked as hygienist to specialist implant and periodontal practices since qualifying from UCH London in 1987. She is a member of BDHA and was the Oral B prize winner in 2004, attending the IDHF meeting in Madrid.

Sara has been involved in the development of a new dedicated periodontal software programme and was actively involved in the US launch last year.

Sara has facilitated on continuing professional development courses for J&S Davis on a wide range of subjects. Sara initiated a study group for hygienists working with implants to explore the scientific based evidence for the care and maintenance of implants. She has developed a successful implant maintenance course based in Harley Street.

Sara has contributed to articles published in scientific journals and has worked directly with implant companies to develop hygiene maintenance protocols. Sara is a regular speaker at regional group meetings.

Sara is an enthusiastic member of the implant team and currently works with Dr Michael Zybutz at his specialist periodontal and implant practice in London, and with Dr Richard Latchford at his multi-disciplinary specialist referral practice in Bedford.

His an active member of the European Academy of Esthetic Dentistry (EAED), the European Association for Osseointegration (EAO), the Swiss Society of Periodontology (SSP) and Board member of the Swiss Society of Implantology (SGI).



## Mhari Coxon

Mhari Coxon qualified from Kings Dental Institute in 1996. She continued her connection with Kings working as part of the Periodontal Department. She has always mixed working in a hospital environment with clinical work in private practice.

Most recently she was part of the team at Guys Kings and St Thomas' as a tutor as well as working in private practice, and juggling a family. In 2005 she took a full-time position working with Dr Philip Stemmer at the Teeth for Life and Fresh Breath Centre.

She has also initiated a peer's group meeting for hygienists and therapists in London reviewing research pieces and sharing information.

Mhari won the Hygienist of the Year award 2006, was elected to the council of the British Dental Hygienists' Association in November 2006 and sits on the editorial board of Preventative Dentistry Magazine.

She is continuing her teaching in the post graduate field and has been involved in several research pieces, currently undertaking an independent trial into the Sonicare E9000 mini brush head.



## Anthony Bendkowski

Anthony Bendkowski is a surgical specialist in practices limited to implant reconstructive surgery in London and the South East of England. He qualified from University College Hospital Dental School, London in 1982 and subsequently gained extensive experience in both

hospital and practice-based oral surgery. He has over 15 years' experience in both the surgical and restorative management of implant cases. He has a keen interest in all aspects of dental education and has lectured on and run bone augmentation and implant training courses for a number of years. He is an active member and President Elect of the Association of Dental Implantology (UK). Clinically he under-takes all aspects of bone grafting, including iliac crest for reconstruction of extensively resorbed cases. He has recent experience using new techniques of distraction osteogenesis and biodegradable membrane and pin fixation systems.



## Martin Docking

Martin Docking has been a technician for 22 years and within that time has 18 years experience of implant dentistry. He has travelled extensively through Europe and the USA attending many technician and clinician courses.

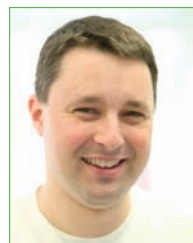
Martin is the owner of Dental Precision, a successful, established Implant/Private Laboratory. Based on the north coast of Cornwall, working from a brand new purpose built building, a team of eight specialist technicians successfully restore the most complex of cases on a daily basis.



## Rino Burkhardt

Rino Burkhardt maintains his private practice limited to periodontology and implantology, in Zurich. Additionally he acts as a clinical instructor in the Department of Periodontology, at the University of Berne. His publications, lectures and courses contain selected

topics out of his specialty. These include hard and soft tissue management within the scope of implant restorations, esthetic aspects from the view of the periodontist, and the relations between the prosthetic reconstruction and the periodontal tissues.



## Koray Feran

Koray qualified BDS 1989 Guy's Dental Hospital, (Final Year Prize and the S.J. Kaye Prize in Oral Medicine and Pathology). 1990-9, House Surgeon Prosthetic Dentistry and Oral and Maxillofacial surgery; 1993 MSc Periodontology (Guy's) 1993 FDSRCS (Eng) (Restorative Dentistry). From 1991-

95 General practice in North London and from 1996-2007 - Private restorative, perio and implant practice.

He founded The London Centre for Implant and Aesthetic Dentistry in Wimpole Street, London and has a special interest in multi-disciplinary cases that require detailed planning and co-ordination of several specialist branches of dentistry.

# SPEAKERS BIOGRAPHIES

Dr Feran is Treasurer, The British Academy of Aesthetic Dentistry; Honorary committee member of the Association of Dental Implantology (ADI) UK and editor for the ADI newsletter; Secretary London Dental Fellowship; Lecturer in Europe for Dentsply Friadent on the Ankylos Dental Implant System.

He teaches a successful comprehensive one year implant course with his friend and colleague Dr Phil Bennett, President of the Association of Dental Implantology (ADI) UK at Lyme Bay Dentistry, Dorset and is a guest lecturer for Dr Cemal Ucer's multi-system implant course.



## Ann Gilbert

After training as a dental nurse in the RAF Ann left to go to the School of Dental Hygiene at Liverpool in 1995.

From there she was sole hygienist at a practice in Cheshire before leaving to have her daughter, Ellice.

After a career break she worked in all aspects of dentistry including the Community Dental Services in Morayshire as well as both NHS and Private Practice.

She has been working at her current practice for three years. As of last year, the Priors became a specialist referral practice and she has been working alongside principal, Mark Emms. Her main areas of work are now dental implants and periodontal therapies.

Ann is also currently working very closely with Philips Oral Health Care in their Sonicare Connect behavioural management programme.



## Roland Glauser

Roland Glauser graduated with "summa cum laude" from the University of Zürich. From 1997 to 2006 Dr Glauser was assistant professor and senior lecturer at the Department for Fixed Prosthodontics and Dental Materials, University of Zürich.

In spring 2006, he became co-director of the Zürich Dental Center. Dr Glauser was president of the scientific board of the Swiss Society of Oral Implantology SSIO and is an active member of the European Association for Osseointegration EAO.

He serves as a certified expert in Oral Implantology in the European Dental Association EDA.

He has published numerous articles and textbook chapters on the subject of restorative dentistry and osseointegrated implants. His research activities mainly focus on tissue integration of oral implants and shortened clinical protocols. He is reviewer for the Journal of Biomechanics, the Journal of Oral Rehabilitation and the Journal of Clinical Periodontology.

Dr Glauser lectures extensively all over the world and received in 1999 an Academy Award for his presentation at the annual AO meeting in Palm Springs.



## Martin Gross

Dr Gross gained his undergraduate Dental Degree BDS, LDS Guys Hospital Dental School London University 1969. He undertook a Post graduate Prosthodontic Programme at Northwestern University Dental School Chicago gaining a Master of Science in Prosthodontics 1972-1974; Private Practice in London 1974-1977; Instructor at Guys Hospital London 1974-1977 Conservation Department; Private prosthodontic practice and faculty of the Tel Aviv University Dental School Israel 1977-2007; Department of occlusion and TMD 1977-1987; Department of Prosthodontics 1987-2007; Associate Clinical Professor in Prosthodontics 2001 and Director of post-graduate prosthodontic specialty programme Tel Aviv University School of dentistry since 1997.

He has been on the Editorial board International Journal of Prosthodontics 2004, a Member of the Executive Committee of the International College of Prosthodontics since 2005 and a Member of Education and Research committee of the International College of Prosthodontics since 2000.

He has published over 50 International publications in basic science and clinical research related to the field of Occlusion, Implants and Prosthodontics and his primary research interest is in the biomechanics of skull loading and implant loading.

He is the Co-author of a textbook on Occlusion in Restorative Dentistry and has lectured internationally with over 60 presentations.



## Jennie Haywood

Jennie Haywood graduated from King's College Hospital, London in 2000 where she received an award for coming first in her year in her final exams.

She gained invaluable experience in specialist practices in the west end of London before moving to Cardiff in 2003.

Jennie extended her knowledge in implantology when she joined The Parade Specialist and Implant Clinic working alongside Gareth Jenkins, Adrian Binney and David Guppy



## Alison Hodson

Alison qualified as a hygienist in 1996 and began working for Eddie Scher at Walpole Street Dental Practice, an Implant Referral Centre, in October 1996.

She gained Certificates in both Further Adult Education and Promotion of Oral Health, and worked

as a Hygiene Tutor for Kings School of Dental Hygiene and latterly GKT. She was also tutor representative on BDHA Council between 2001 & 2002.



She continues to work as practice hygienist for Eddie and lectures to his Implant Course delegates on Hygiene Maintenance of healthy implants. She stopped teaching at GKT after the birth of her second child in order to pursue private painting commissions as she also holds professional qualifications in illustration.



## Joseph Kan

Dr Joseph Kan completed his specialty training in Prosthodontics and also received a Master's degree and a certificate in Implant Dentistry from Loma Linda University School of Dentistry (LLUSD) in 1996.

His honors include the 1997 Best Research Award from the Academy of Osseointegration and the 2003 Judson C. Hickey Award from the Journal of Prosthetic Dentistry. He is currently a Professor in the Department of Restorative Dentistry.

He also maintains a private practice limited to Prosthodontics and Implant Dentistry. In addition, Dr Kan is a member of the Periodontology/Implantology Editorial Board of the Practical Periodontics & Aesthetic Dentistry.



## Vanik Kaufmann-Jinoian

Vanik Kaufmann-Jinoian was born in 1958 in Calcutta, India. He grew up in Switzerland in a city close to Basel, where he went to school and did his training as a certified dental technician.

In the following years he optimized his dental skills in various dental laboratories in Switzerland. In that period of his training he was one year in America to learn the skills of marketing. When he returned to Switzerland he started to work for the Vita company. He was at that time the youngest international ceramic demonstrator in the world. He was teaching for the Vita company ceramic courses around the whole World.

In the year 1990 he opened his own dental laboratory in Switzerland. He owns a very high-quality dental lab close to Basel. The dental lab covers all the aspects of modern dentistry. Various dental companies use the lab for testing of new dental materials. Vanik is very involved in the research and development of new techniques. He was one of the initiators for the Cerec CAD-CAM system for dental labs. Vanik has also published many articles in different dental magazines around the world and is a well known speaker at major symposiums.



## Ashley Latter

Ashley has now delivered over 2500 workshops to over 25,000 business people over the last 14 years and he attributes his success to developing life-long relationships and the referrals he receives from his many happy clients.

Ashley's programmes are not lectures, but interactive workshops where he works with his clients to develop real positive behaviour changes that improve their performance in front of their clients.

Over the last seven years, over 1800 dental healthcare specialists have taken part on his Ethical Sales and Communication Programme and they are always fully booked up. Ashley has been a main platform speaker at the B.D.A, World Aesthetic Congress and B.A.C.D. Conferences over the last three years. He often writes for the Dental Press and has just launched the programme on a CD/DVD called 'Don't wait for the Tooth Fairy'



## Michel Magne

Michel Magne was born in la Chaux-de-Fonds (Switzerland) in 1958. He grew up and followed his primary education in Neuchâtel, where he certified as Dental Technician (CDT) in 1979.

He developed his technical education in fixed prosthodontics (ceramics) and esthetics until 1984. Between 1985 and 1991, he was consecutively directing two dental laboratories as Master Ceramist and he specialized in implant-supported work and complex oral rehabilitation.

From 1992 to 2004, he has been the owner and director of Oral Design Center, Dental Laboratory in Montreux (Switzerland).

Since January 2005, he became Associate Professor of Clinical Dentistry and Director of the Center of Dental Technology at the University of Southern California (USC, Los Angeles). He is in charge of a number of esthetic courses and postgraduate education. He is author and co-author of articles on esthetic dentistry and is frequently invited to lecture on these topics.



## Paulo Malo

Paulo Malo graduated from the Faculty of Dental Medicine, University of Lisbon in 1989.

He maintains a private practice in Lisbon, exclusively Oral Surgery and Prosthetic Rehabilitation and is President and CEO of the Malo Health Group, Malo Clinic, Malo Ceramics. Malo Education and Malo Consulting.

He is the developer of the All-on-4 surgical concept and related products, developer of the NobelSpeedy® implant and other implantology and prosthodontic related products and is a pioneer on immediate load single teeth.

He is the co-author of 3 books on Oral Implantology - Immediate Function; author and co-author of scientific articles, one book and several scientific articles about the All-on-4 in different languages by other authors,

He has been a guest speaker at several international conferences on the following topics:-

- Oral rehabilitation of the total edentulous patient
- Bone transplant
- Oral implantology
- Interdisciplinary treatment and aesthetics
- Business and Management in the Area of Dental Medicine

Dr Malo is a Former member of the Executive Board of the European Association of Osseointegration (EAO).

# SPEAKERS BIOGRAPHIES



## Kat Michaels

Kat Michaels started her career in dentistry in 1998. Coming straight out of a teaching background, Kat was able to apply both her teaching skills and her subject matter (Psychology) into an area which truly made the runnings of a day to day practice a success.

Kat, a former Manager of The Perfect Smile Studios (whose Principals are famous for their appearance on Extreme Makeover UK and who run cosmetic courses nationwide) is also a South East Regional Coordinator for the British Practice Managers Association.

In 2004 Kat set up her own Dental Business Consultancy; Wings Consultants, which focuses on coaching practices nationwide to enhance relationships and increase productivity in whatever dentistry they do.



## Peter Moy

Dr Moy received his dental degree from the University of Pittsburgh, a certificate in General Practice Residency from Queen's Medical Center in Honolulu, Hawaii and his certificate in Oral and Maxillofacial Surgery from UCLA Hospital. He presently limits his practice

to Oral and Maxillofacial Surgery focusing mainly in the areas of Osseointegrated dental implants and reconstruction of the severely atrophic ridges. He is currently on staff and holds teaching positions in the departments of Oral and Maxillofacial Surgery and Hospital Dentistry at UCLA. Dr. Moy is Professor and Director of Implant Dentistry at UCLA and UCLA-ITI Surgical Implant Clinic. Dr Moy has written numerous articles related to Implant Dentistry and Osseointegration, specifically, on bone grafting and augmentation procedures for the atrophic ridges. He has lectured nationally and internationally, most recently at the 2007 EAO annual meeting, held in Zurich. He founded and maintains his private practice in the West Coast Center for Oral and Maxillofacial Surgery, located in Brentwood, California.



## Pentangle Dental Transformations Nursing Team

**Jo Coffman  
Anita Harris  
Helen Patrick  
Amanda Smith**

Amanda Smith trained as a dental nurse at Westbrook House qualifying in 1987, She worked as a float nurse before going full time at the Thatcham practice. After a gap to have children, Amanda returned part time and completed her OHI qualification in 1998. In 2000 she worked part time as a float nurse at Westbrook House, completed a Straumann implant training in 2003 and was one of only two nurses to assist in implant surgery. Amanda left Westbrook House in 2006 to continue implant work with Mr Oretti.

Anita Harris trained as a dental nurse at Wash Common practice in Newbury, qualifying in 1986 with merit. She transferred to Thatcham as Head nurse 1989-1992, qualified as a Dental Hygienist in 1995 from Liverpool Dental Hospital, worked at Westbrook House full time until 2001 before leaving to have two children. Anita now works part time at the Pentangle.

Jo Coffman trained as a dental nurse in Thatcham from 1986. In 1995 she became a trainee Pharmaceutical dispenser for Boots qualifying as such in 1997. She qualified as a dental nurse in 1999; worked for the Community 2001-2002, then with Boots in Reading qualifying OHI in 2002. She moved to The Briars in 2003 working for Steve Jones until 2006. Jo now works at the Pentangle

Helen Patrick trained as a dental nurse at Newbury Dental Clinic in the community from 1998. In 1999 she moved to The Briars qualifying in 2001, the same year qualifying in the ceramic systems Advanced Cerec 3. In 2002 she began work as a dental technician at Benchmark Dental Laboratory; in 2004 she qualified in Radiography in Shrivenham and in 2006 qualified as a technician from Southampton City College. She began her employment with the Pentangle in 2006.



## Georgios Romanos

Dr Romanos is Clinical Professor of Periodontology and Implant Dentistry, New York University; Associate Professor of Oral Surgery and Implantology, University of Frankfurt, Germany and Director of Laser Sciences at the College of Dentistry of the New York University.

He gained his DDS at the Athens University followed by full training in Periodontics in Berlin; Prosthodontics in Freiburg and Oral Surgery in Frankfurt. His doctoral degree was in connective tissue research and a Post PhD on immediate loading of oral implants.

He has held the post of Associate Professor at the University of Frankfurt, since 2004 Clinical Professor (full time) of Periodontology and Implant Dentistry at the NYU. He is an Editorial Board Member of different journals such as J Periodontology, JJOMI, Implant Dentistry and is the author of more than 150 publications and book chapters; Author of the book "Atlas of Laser oral surgical procedures" and a book on Immediate Loading of oral implants.

He had given more than 250 presentations in different international scientific Congresses, daily courses in different countries especially Europe, South East Asian Pacific region and USA.



## Zvi Schwartz

Dr Zvi Schwartz is clinical practitioner of periodontics and an active researcher in clinical periodontics, the fields of bone and cartilage cell biology, response of cells to biomaterials, development of bone graft substitute materials. Such a diverse body of scientific interests has resulted in a complex academic

career involving three institutions in two countries.

Zvi's primary appointment is Professor of Periodontics at the Hebrew University Hadassah Faculty of Dental Medicine in Jerusalem. In addition, he holds appointments as a Clinical Professor of Periodontics at the University of Texas Health Science Center at San Antonio, and now as a Professor of Biomedical Engineering at the Georgia Institute of Technology in Atlanta, Georgia.

Zvi has been involved in oral health research since he began dental school at Hebrew University. Zvi's research is published in more than 330 peer reviewed papers, chapters, and reviews.

He was the recipient of many awards which include the IADR's Young Investigator Award, the Biomineralization Research Award and three times the regeneration award from the AAP. He has mentored numerous students, at the master, Ph.D and resident level.



### Devorah Schwartz-Arad

Dr Devorah Schwartz-Arad received her DMD and PhD degrees from the Faculty of Medicine, Hebrew University, Jerusalem, Israel. She is a specialist in Oral and Maxillofacial Surgery and is currently a Senior Lecturer in the Department of Oral and Maxillofacial Surgery at the School of Dental Medicine, Tel Aviv University.

Dr Schwartz-Arad is a member of the Specialty Examination Board for Oral and Maxillofacial Surgery, Ministry of Health, Israel. She is the author or co-author of invited reviews and has published numerous scientific articles and abstracts and presented more than 80 papers at scientific meetings in Israel and abroad. Dr Schwartz-Arad is an Expert in Oral Implantology in the German Society of Oral Implantology and an active member of the International Association for Dental Research, the International Association of Oral and Maxillofacial Surgery, the Israel Society of Oral and Maxillofacial Surgery, the Academy of Osseointegration, the Israeli Association of Oral Implantology (IAOI), the ICOI and the German Society of Oral Implantology. She is a Fellow and a Diplomate of the International Congress of Oral Implantologists (ICOI). Dr Schwartz-Arad is the current President of the IAOI.

Dr Schwartz-Arad's research focuses on the immediate dental implantation, bone augmentation procedures for dental implants, the influence of smoking on the success of dental implants, and the impact of anxiety on the recovery process of patients. Over the past 20 years, she has presented numerous lectures at various professional and scientific congresses and courses and universities in Israel, the United States and Europe. Dr Schwartz-Arad is a referee of the Bureau of the Head Scientist of the Ministry of Health; Harefuah, Journal of the Israel Medical Association; and the Editorial Review Board for Clinical Implant Dentistry and Related Research. She has been awarded several academic and professional awards, including the Israeli Academy of Sciences and the Israel Cancer Association. Dr Schwartz-Arad has an active private practice in Oral and Maxillofacial Surgery with special expertise in bone grafting and dental implantation.



### Mark Spatzner

Gained his BSc in 1978 from McGill University and a DMD at the University of Montreal in 1982.

He graduated from the University of Toronto in 1987 with a Diploma in Periodontology after specialty training.

He was Assistant Professor at McGill University Faculty of Dentistry (1987-2003) and has held teaching positions at University of Montreal.

Dr Spatzner is a member of numerous dental organizations including the Academy of Osseointegration and the American Academy of Periodontology.

He has published scientific articles and has given numerous scientific presentations worldwide in the field of Regenerative and Implant Dentistry.

Currently, Dr Spatzner has a private practice limited to Periodontology and Implant Therapy in the Montreal area.



### John Stanfield

John qualified as a Hygienist in 1980 with RADC Aldershot. He has worked in HM Forces, Military Hospitals, NHS and Private Practice, both in this country and abroad, he is also the Hygienist member of the FGDP(UK) DCP Advisory Board.

He has been involved with Dental Implants for 15 years, attending conferences at home and abroad and writing them up for Dental Magazines.

John is currently working in two Private Practices in Cheshire whilst running a website for Hygienists ([www.hygienist.co.uk](http://www.hygienist.co.uk)), studying for an MSc in E-Learning Technology and running a computer consultancy company.



### Michael Zybutz

Michael Zybutz graduated at the University of Washington located in Seattle, USA where he obtained both his Certificate in Periodontics and Masters Degree in Dentistry. He lectures extensively internationally to both dentists and dental specialists. His specialities within the field include Dental Implants, Aesthetics and Regeneration.

Dr Zybutz has published numerous articles in various peer reviewed scientific journals. He is a Diplomate of the American Board of Periodontology and a past president of the Alpha Omega Dental Fraternity in the UK. He is a fully accredited member of the American Academy of Cosmetic Dentistry and a member of the American Academy of Periodontology, The Academy of Osseointegration, The British Dental Association and The American Dental Society of London. Michael and Sara have worked together treating patients referred for aesthetic treatment of periodontal disease and complex restorative treatment utilising a multi-disciplinary approach.

**Sara Andrews and Michael Zybutz**

### **Implants – The Untold Story**

Dental implants are now a well established and predictable mode of therapy. Much has been written about various “hardware”. Coatings, surfaces, morphology-but what about their long term maintenance? This lecture will explore the difficulties faced by the hygienist in general practice when maintaining oral health in complex restorative cases supported by dental implants.

In an entertaining and informative lecture illustrated with appropriate cases Michael and Sara will address these often unanswered issues-the untold story. By the end of the lecture the attendee will be able to address the following issues: What data should be collected to monitor the condition of dental implants and are there any ways to accurately record and compare changing clinical conditions?

What instrumentation should be used to maintain dental implants? What special oral hygiene techniques should be applied to the maintenance of oral health around dental implants? What are the protocols of treatment for the identification and care of the healthy, ailing and failing implant?

**Anthony Bendkowski**

### **Implant placement and bone augmentation**

One of the key factors in the long term success of dental implants is the quality and quantity of supporting bone. Improved bone contour also helps to support the soft tissues thus enhancing the final aesthetic outcome. This talk will look at the indications for bone augmentation, the techniques available and the limitations of these techniques.

The basic surgical procedures including guided bone regeneration, small block grafts and sinus augmentation will be discussed. The range of materials available for implant surgery and bone augmentation will be reviewed with a summary of their use in the clinical environment. The surgery protocols for bone augmentation will be outlined, together with a discussion of sterility and aseptic technique.

The team approach with the role of the dental surgeon and nursing staff will be considered.

The talk concludes with a short film showing bone grafting.

**Rino Burkhardt**

### **How do we solve soft tissue recession problems around implants and teeth?**

Since the development of plastic surgical procedures in the last decades, soft tissue esthetics has become a goal of reconstructive dentistry. Different interventions, such as the coverage of soft tissue recessions, the augmentation of ridge deformities and other surgical treatments of contour and texture problems belong to this kind of surgery.

The coverage of exposed root surfaces was one of the first attempts made to improve oral esthetics and still is one of the best documented procedures in the literature.

Based on follow-up studies we know that buccal soft tissue recessions around endosseous implants are a common finding which also can also impair the esthetic appearance.

It is the aim of this lecture to evaluate the etiological factors which lead to the mentioned recessions, to compare the results of recession coverages around implants and teeth and to look for the factors which influence the outcome of the surgical interventions.



**Mhari Coxon**

### **Preparing a patient for implants**

This lecture aims to provide a brush up on the basics for those hygienists already working regularly with someone placing implants.

It will also provide a good, solid, foundation on which to build a protocol for those new to working with implants.

The hygienist should be involved before, during, and after the placement of an implant and this lecture will help to organise those appointments effectively.

Hygienists are now, more than ever before, responsible for their own treatment of a patient. This lecture aims to cover some of the note keeping required in relation to implant treatment and some practical advice on treatment planning.

As implant placement increases in practice so does the risk of failure. The hygienists' contribution to preparing a patient can reduce the risk of failure.

Aims and objectives include:

- to understand the need for stability in the mouth prior to implants**
- to be able to assess the mouth and devise a plan of treatment with your dentist**
- to understand the process of mouth disinfection**
- to be able to achieve a satisfactory result.**

**Martin Docking**

### **Ticket to Smile – The Laboratory Role**

Martin Docking owns Dental Precision, a Private Dental Laboratory in Cornwall specialising in Restoring Dental Implants. His passion for implants has meant extensive world travel in pursuit of education and a better understanding of many common systems.

"A Ticket to Smile" is based on 20 years of experience in designing and restoring implant cases. Martin will follow a prescription ticket through the laboratory, identifying the patient information needed for planning and pricing, prior to undertaking the diagnostic work, and why this then leads to successful final results. He will discuss the need for the team approach at all levels, communication, working together and building relationships and are essential.

**Koray Feran**

### **Powerpoint & Photoshop in Dentistry**

Documenting and archiving photographic and video data for our patients is now mandatory for clinical, teaching and medicolegal reasons. Often, the nurse, or other unsuspecting staff member, is roped into taking photographs but are unsure of how to obtain the best results. This presentation goes over basic clinical use of a modern digital SLR camera, tips and tricks to improve clinical photography to show what you want to show, downloading files, archiving, basic editing and the importance of not tampering with photos, and putting Powerpoint presentations together for patient education, teaching and critical audit of treatment outcomes.

**Ann Gilbert**

### **Dental implants and the role of the hygienist**

The presentation will begin by outlining how the role of the hygienist has changed and how more and more dental practices are seeing and treating patients with implants therefore having a huge effect on how the care and management of these patients needs to change.

PRE OPERATIVE EVALUATION – the role of the hygienist in working very closely with the dentist. This will entail detailed assessments of: What the patient's knowledge of dental implants and their expectations are; Detailed medical history; Clinical status of the host bone; Clinical state of soft tissues; Occlusion; Jaw Morphology; Present periodontal condition and assessment of OH; Lifestyle Habits.

#### PRE IMPLANT HYGIENE THERAPY:

Case studies of different patients at this stage of treatment. Clinical photographs, radiographs, pocket depth charting, plaque scoring and bleeding points will be shown.

The treatment plan will then be prescribed by the dentist and hygiene therapy commenced. Further evidence post treatment will be shown and the second stage of evaluation can begin.

The merits of all aspects of periodontal treatments including quadrant root planing, full mouth detoxification, the use of antimicrobials and OH regimes will be discussed.

#### POST PLACEMENT HYGIENE THERAPY:

Instrumentation and histology will be discussed. To probe or not to probe. OH and homecare, the importance of ensuring the patient understands the requirements of their new implant for long term success and further evaluation including charting at this stage is essential.

LONG TERM CARE AND MAINTENANCE, COMPLICATIONS, PERI IMPLANTITIS will be discussed

**Roland Glauser**

### **“The (r)evolution of immediate implant loading concepts**

Current developments in implant dentistry aim to simplify clinical protocols and to reduce overall duration of treatment time and its associated expenses. Furthermore, recent clinical evidence indicates that implants can be loaded as placed in all oral regions.

On the other hand, past clinical experiences favour a staged approach in esthetically demanding areas in order to develop proper bone and soft tissue contours and consequently a perfect esthetic outcome.

As a consequence, clinical research has to identify the key factors for success and has to define the boundaries and limitations for reducing the healing time as well as for reducing the number of surgical steps.

With respect to current trends in implant dentistry, this presentation focuses on today's options using immediate implant loading or immediate implant restoration. Furthermore, case presentations will be used to critically discuss different immediate loading/restoration protocols.

**Martin Gross**

### **Occlusion in Implant Dentistry: What do we know and what we should or should not be doing**

Today the clinician is faced with widely varying concepts regarding the number, location distribution and inclination of implants that are required to support the functional and parafunctional demands of occlusal loading. Primary clinical dilemmas of planning for maximal or minimal numbers of implants, their axial inclination, lengths and required volume and quality of supporting bone remain largely unanswered by adequate clinical outcome research.

Planning and executing optimal occlusion schemes is an integral part of implant supported restorations. In its wider sense this includes considerations of multiple inter- relating factors of ensuring adequate bone support, implant location number, length, distribution and inclination, splinting, vertical dimension esthetics, static and dynamic occlusal schemes and more.

Current concepts and research on occlusal loading and overloading will be reviewed together with available biomechanical studies, their findings and a discussion of their clinical relevance.

A comparison between teeth and implants regarding their proprioceptive properties and mechanisms of supporting functional and parafunctional loading is made and clinical applications made regarding current concepts in restoring the partially edentulous dentition. The relevance of occlusal traumatism and fatigue microdamage alone or in combination with periodontal or peri-implant inflammation is reviewed and applied to clinical considerations regarding splinting of adjacent implants and teeth, posterior support and eccentric guidance schemes.

Occlusal restoration of the natural dentition has classically been divided into considerations of planning for sufficient posterior support, occlusal vertical dimension and eccentric guidance to provide comfort and esthetics. Mutual protection and anterior disclusion have come to be considered as acceptable therapeutic modalities. These concepts have been transferred to the restoration of implant supported restoration largely by default. However in light of differences in the supporting mechanisms of implants and teeth many questions remain unanswered regarding the suitability of these modalities for implant supported restorations. These will be discussed and an attempt made to provide some current clinical guidelines based where possible on the best available evidence.

## Jennie Haywood

### Who, Where, What When? A guide through the dialogue between patient and hygienist

Dental implantology is becoming an important option in mainstream dentistry. To tackle the complexities of the cases a team approach is essential. Patients are required to be fully informed and have an understanding of the planned procedures. It is therefore necessary that the dental hygienist, as a key member of the restorative team and an important treatment provider, has a comprehensive understanding of the factors effecting implant treatment, so as to help counsel the patient throughout the process.

Due to their close rapport with them, patients often turn to the dental hygienist for advice and clarification of proposed treatment.

In order to answer patient's questions an understanding of the anatomical, medical, financial and emotional factors during initial planning right through to completion of the implant case is important. This means the dental hygienist must be confident in the clinical background of implant placement and have a clear idea of the flow of treatment.

This presentation will outline the common questions hygienists are presented with and outline the flow of dental implant cases, suggesting strategies for helping patient's understanding and welfare.

## Alison Hodson

### The "F" Word: Recognising the signs and symptoms of implant failure and discussing what happens next

This session will define what we mean by the term "failing implants" by comparing acceptable/non acceptable levels of bone loss in teeth with those around implants, highlighting that teeth and implants are different and therefore require different approaches to maintenance therapy.

The various general reasons for implant failure will be listed, emphasising from this list the reasons for failure that are directly attributable to periodontal causes and therefore specifically affect hygienists. The periodontal aspects will be examined discussing how these contribute to and complicate implant failure, within this section the dentists' remedial treatments will be touched upon briefly before exploring more fully the role of the hygienist within Supportive Periodontal Therapy.

**Joseph Kan****Predictable anterior implant esthetics: Science, Art & Limitations**

Achieving anterior implant esthetics is a challenging and demanding procedure. To create implant restorations with harmonious gingival contour that emulate nature is a fusion of science and art. Understanding the biologic and physiologic limitations of the soft and hard tissue will facilitate predictability in simple to complex esthetic situations.

This presentation will focus on current implant treatment philosophies and methodologies for replacing currently missing teeth and the management of patients who will be losing a tooth or teeth in the esthetic zone. Besides discussing the benefits and drawbacks of immediate versus delayed implant placement, long term prospective data on immediate loading in the esthetic zone will be presented.

Equal emphasis will be placed on the diagnosis and treatment planning, surgical and prosthetic management of soft and hard tissue for optimal anterior implant esthetics.

**Vanik Kaufmann-Jinoian****CAD/CAM - Implants - Esthetics**

This presentation will show you all the aspects of combining CAD/CAM, Implants, Esthetics. Vanik Kaufmann-Jinoian who has been instrumental in the development of the CAD/CAM software in conjunction with the companies Sirona and Straumann will present how easy and effective critically placed implants can be solved by designing custom abutments on your PC screen.

Creating custom abutments from zirconium oxide or titanium gives the patient many possibilities of getting the highest aesthetics. During his presentation Mr Vanik Kaufmann-Jinoian will talk about the different materials in creating nice aesthetics with the custom abutments.

**Ashley Latter****Develop proven techniques & skills that will help more patients to say YES more often**

Research has shown that when a patient says **YES** to a treatment 10% of the success is only contributed to the dentist's clinical ability to do the job. 90% of a person's success is down to the soft skills that the whole team possess. In short, the patient always buys people first and the ability to influence, build relationships and gain commitment off the patient are essential. Everyone in the team plays a part in the transaction.

This presentation will take you through in 60 minutes, a proven seven step process that Ashley delivers on his two day programme that you can take away and get your patients saying yes more often.

**Does any of this sound familiar?**

Would you like to have more of your treatment plans accepted and be paid well for the work you do?

Have you been in a situation where you know the treatment was right for the patient, but they said they wanted to think about it and they never came back?

Do you think your treatment is worth more than you are getting paid?

Are you a bit afraid to ask for the correct fee and are concerned the patient will think you are "ripping them off?"

Do you often find yourself justifying your fees?

**Outcome and objectives of the programme**

Learn the advantages of preparation

Build stronger relationships with your patients (customers) quickly. Get them on your side.

Ask the right type of questions to understand the patient's true buying motives

Learn how to comfortably present high value solutions to patients

Finalise more treatment plans with patients without pressure

Overcome patients' reservations to the treatment you have prescribed

Generate more enthusiasm from your patients about the type of results you can achieve for them

Learn how to charge the fees you deserve for the dentistry you provide

Be confident and develop a more positive attitude.



**Michel Magne****Key steps and communication tools to achieve ultimate esthetics with ceramic restorations**

Esthetics and function being equal concerns when restoring the anterior and posterior dentition. Communication between Clinician, Technologist and Patient is extremely important prior starting any case.

The first important key step is to exchange and define the knowledge and understanding of Esthetics (Beauty and Art). The global philosophy between Clinician and Technician should be similar to achieve ultimate esthetics.

The improvement in populations oral health, as well as the growing concern of patients for dental esthetics, makes it very important to take the patient in charge, means to understand the desires and needs of the patient to be able to realize them.

Taking the shade, doing a correct photo status and to do the diagnostic and evaluation of the situation with study models is another important step in the communication to satisfy the Clinician, Patient and Technician.

The fabrication of a mock up (template) or provisional restoration, to de- and reprogram the brain of the patient for the new situation in the mouth is also a fundamental key of success. The following evaluation of the provisional restoration after a couple of weeks is absolutely necessary to achieve ultimate esthetics with the definitive work.

**Paulo Malo****Live Surgery "Teeth-in-an-hour with NobelGuide"**

NobelGuide™ is a revolutionary treatment planning and surgical implementation system which enables to transfer computer 3D planning into the mouth with unrivaled accuracy and ease.

With NobelGuide™ the placing of the implant, abutment and restorative crown or bridge is simultaneous. It is applicable to any patient indication, by using either conventional modeling or computer aided-3D design - NobelGuide™ shows the exact position and depth of the implants before surgery. A custom fabricated precision drill guide and a pre-manufactured prosthesis, based on CT images and virtual planning, can be made before surgery. The major decisions of the treatment are made during the planning. The execution of the implant placement that follows is performed with minimal surgical intervention.

The Teeth-in-an-Hour™ protocol is a unique solution made possible by the Procera® System. The screw-retained, permanent prosthesis is attached in the same surgery session. This is enabled since the exact location of the implants is known prior to surgery combined with the guided abutment.

With Teeth-in-an-Hour™ with NobelGuide™ is possible to provide patients fixed, permanent, well-functioning, and esthetic prostheses on implants in less than an hour.

**Kat Michaels****Survival Guide on what to do when implants become an option in the dental practice**

In the fast and developing world of dentistry, dentists are turning more and more towards treatments that patients seek and want. To stay ahead of the competition dentists are clinically equipping themselves to provide these 'most wanted' options in their very own establishments.....unfortunately training for the team often comes much after.

Today Kat Michaels will give each team member a simplified survival guide on what to do when implants becomes an option in their dental practice(s).

In this presentation Kat Michaels will:

- **Demonstrate the first things we need to do in setting up your implant centre quickly but without compromising Health & Safety.**

The Health & Safety in the workplace: 1974 Act  
Consents

Instruments / consumables including drapes & cover packs and pre op bags

Set up training documents on everything

Patient assessment sheets

Vision & Mission Statement.

- Look at the importance of allocating an Implant Coordinator/ Treatment Coordinator into your implant setup;  
What the role entails  
The advantages this has to your growing centre.

- Selling & Marketing Implants.  
Looking at the internal/ external marketing strategies that work;  
Understanding marketing and why sometimes it fails  
An example of how 'large' treatment options should be presented and why  
Using language effectively to gain case acceptance.

**Peter Moy**

### **Ridge augmentation with a variety of graft materials including autogenous, allografts, xenografts and alloplastic materials**

A variety of materials have been used for grafting procedures of the oral and maxillofacial region. Autogenous bone has long been considered the "gold standard" of donor materials. However, there are practically as many disadvantages with the harvesting of autogenous bone compared to advantages with the use of this donor material. Currently, with improvements in biotechnology and manufacturing principles, the synthetic materials commercially available rival the many benefits found with autogenous material without the risks associated with the harvesting technique. The main factors affecting the outcome of new bone formation found with each category of graft materials will be reviewed. Selection of a specific graft material will be dependent on the grafting technique, the amount of new bone required and the desired function for the new bone. The selection of the particular graft material will also depend on the expectations and desires of the patient. The implant surgeon must be able to communicate the risk/benefit analysis for each available class of graft materials, as well as, the expectations of treatment to provide their implant patients with the best prognosis for long-term success with dental implant treatment.

This presentation will delineate how this communication is accomplished and how the selection of graft material may alter the outcome of the implant treatment. Specifically, various donor sites for autogenous bone harvesting will be reviewed and compared with the selection of the other available synthetic materials, with special emphasis on outcomes analysis for each of the categories of graft materials. A practical algorithm will be presented to help in the decision-making process of selecting the appropriate graft material.

#### **Learning Objectives**

1. To identify the best graft material for the specific grafting technique.
2. To be able to properly consent the patient for hard tissue grafting procedures.
3. To understand risks versus benefits of each of the categories of graft materials.
4. To properly discuss risks versus benefits of each of the donor graft materials.

### **Pentangle Dental Transformations Team Jo Coffman, Anita Harris, Helen Patrick, Amanda Smith**

Dental implant and related surgical procedures have long been carried out in both traditional hospital theatres and in appropriately equipped dental practices.

Recently there has been a move to operate in dental environments designed with these procedures in mind, but without the rigid protocols of hospital theatres and the heavy footfall of a general practice.

Pentangle Dental Transformations is such a practice and opened in 2006. The practice is a referral practice and implant related procedures form about 80% of the workload.

The clinical assisting team will present their way of working. This presentation focuses on the preparation of the operating room, patient and instrumentation, then the clearing away, cleaning and sterilization protocols they follow.

## Georgios Romanos

### Crestal bone stability and hard tissue response around immediately loaded implants placed in compromised surgical sites

In this lecture, it will be presented the long term success of implants placed in areas with poor bone quality, augmented bone and immediate implants.

All of these implants were immediately and functionally loaded. The clinical and radiological data in relation with the used implant system make clear the requirements in order to have long-term success and tissue stability.

Moreover, all of this information will be confirmed by additional histological studies.

## Zvi Schwartz

### The role of implant surface and energy during osseointegration.

Osteoblasts respond to microarchitectural features of their substrate. On smooth surfaces (tissue culture plastic, tissue culture glass, and titanium), the cells attach and proliferate but they exhibit relatively low expression of differentiation markers in monolayer cultures, even when confluent.

When grown on microrough Ti surfaces ( $Ra$  is 4-7  $\mu m$ ), proliferation is reduced but differentiation is enhanced and in some cases, is synergistic with the effects of surface microtopography. In addition, cells on microrough Ti substrates form hydroxyapatite in a manner that is more typical of bone than do cells cultured on smooth surfaces. Osteoblasts also respond to growth factors and cytokines in a surface-dependent manner. On rougher surfaces, the effects of regulatory factors like  $1\alpha,25(OH)_2D_3$  or  $17\beta$ -estradiol are enhanced. The response to the surface is mediated by integrins, which signal to the cell through many of the same mechanisms used by growth factors and hormones. Studies using PEG-modified surfaces indicate that increased differentiation may be related to altered attachment to the surface.

When osteoblasts are grown on surfaces with chemistries or microarchitectures that reduce cell attachment and proliferation, and enhance differentiation, the cells tend to increase production of factors like TGF- $\beta$ 1 that promote osteogenesis while decreasing osteoclastic activity.

Lately the role of the surface energy was evaluated on the osseointegration process. Thus, on microrough Ti surface, osteoblasts create a microenvironment conducive to new bone formation and improve osseointegration.

## Devorah Schwartz-Arad

### Block Autografts: Updates and innovations

Endosseous implants require sufficient bone volume for complete bone coverage. Alveolar deficiency can prevent ideal implant placement. Intra-oral bone grafts are a convenient and acceptable source of autogenous bone for alveolar reconstruction due to bone origin similarity and less morbidity. In large bone defects, one tier might be insufficient to achieve the desired bone shape.

This presentation describes clinical cases with severe jaw atrophy in which intraoral autogenous bone were used as a donor sites (symphysis and mandibular ramus) for ridge augmentation prior to dental implants placement.

The use of these bone grafts allows us to correct the alveolar ridge height, width and trajectory prior to implant placement thus not only enables a better surgical success, but also enhance a better prosthetic results.

A new technique, the multi-tier intraoral bone block graft, for the future use of dental implants, will be described. This technique can serve as an optional operation procedure for extensively atrophic alveolar bone augmentation.

Intraoral bone block graft is a predictable operation with a high success rate for long span augmentation, up to complete jaw augmentation/extensive bone reconstruction of the alveolar ridge.

## SPEAKERS ABSTRACTS

**Mark Spatzner****Regenerative implant therapy - a 15 year retrospective**

The Art and Science of Implant Supported Tooth Replacement Therapy has become a daily ritual in dental practice.

This lecture will describe the evolution of therapy over the last two decades and how the confidence factor has matured with biotechnological advances. Implant therapy has become a predictable treatment modality even in adverse clinical situations; the concept of risk has changed with the techniques and products that are now utilized. The ability to predictably and confidently place implants into fresh extraction sites, regenerated and unfavourable sites with a success rate equal to native bone sites will be demonstrated. These procedures imply the usage of bone grafting techniques as well as various guided bone regeneration products.

The advantages of site preparation in order to create a favorable implant site will be discussed. The enhancement of the soft tissue in order to create a stable esthetic environment for the implant supported prosthesis will be illustrated as well. Long term clinical results will be displayed highlighting hard and soft tissue responses; the rational and advantages of immediate fixture placement and concurrent provisionalization will be presented. Biotechnological advances in osseointegrated products and augmentation procedures has created more predictability in treatment.

The definition of risk has changed due the confidence acquired as a result of extremely positive clinical results over an extended time period.

**John Stanfield****Implants – do we probe or not?**

I am often asked the question "can I probe around an implant?"

If you expect a yes or no answer, I can give you either and be right. We need to be asking the right question in order to get the correct answer. So to this end I will endeavour to give you the information that will lead you to asking the right question.

To achieve this we will look at the interface between different implants and the hard and soft tissues. We will also take into account the profiles of the different superstructures placed on the implants in restoring the dentition. There are many reasons that we may feel the need to probe and many warnings why we should not. So we will look at what happens when we probe and what happens afterwards.

## THE ADI

The ADI President and Committee invite all delegates to the **ADI** stand at the rear of the exhibition hall during the programme breaks.



**Phil Bennett** - ADI President    **Anthony Bendkowski** - President Elect  
**Paul Stone** - Immediate Past President    **Steve Byfield** - Treasurer/Secretary

**Stephen Jacobs** - Scotland    **Martin MacAllister** - Ireland    **Adrian Binney** - Wales  
**Simon Allum** - North East England    **Cemal Ucer** - North West England  
**Richard Latchford** - East Central England    **Graham Murray** - West Central England  
**Edwin Scher** - London    **Massoud Hosseini Ardehali** - South East England  
**Jonathon Schofield** - South West England    **Larry Browne** - Technician Representative



- Meet ADI officers and committee, ask questions and exchange your views
- View demonstrations of the ADI web forum and learn to access this increasingly popular inter-active website
- See a demo and have your input on new software for ADI members to record all implant cases from start to finish
- Take away information on ADI benefits, products and future events

**Visit the Stand, enter the ADI quiz and win complimentary attendance at future ADI events!**

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## INITIAL THERAPY OF PERI-IMPLANTITIS BY ANTI-MICROBIAL PHOTODYNAMIC THERAPY

Authors: J. Neugebauer, V.E. Karapetian, F. Vizethum, J.E. Zöller

Presenter: **J. Neugebauer**

Practice/Institution: **Interdisciplinary Outpatient Dep. for Oral Surgery and Implantology Dep. for Craniomaxillofacial and Plastic Surgery**

University of Cologne Kerpener Str. 32 D 50931 Köln Germany

### ABSTRACT:

The microbiological infection of the peri-implant tissue is still one of the most difficult implant complications today. Due to scar formation of the soft-tissue the infection defence mechanism are reduced in comparison to periodontal tissue. The implant surface with a rough structure, once exposed to oral cavity offers an ideal environment for bacterial growth. The micro-biological load and the clinical symptoms are comparable to periodontal disease. The anti-microbial photodynamic treatment shows high levels of antimicrobial reduction for all relevant bacterial strains. From 2003 till 2006, during regular implant recall, 25 patients showed clinical signs of peri-implantitis including bleeding on probing. The initial treatment concept included hygienic instruction, supragingival cleaning and determination of mechanical reasons, or super-infection by *Candida albicans*. 19 patients with 38 implants showed a bone loss less than the first thread and were classified as mucositis. 6 patients show a bone loss of more than 4 mm and were stated as osseoseparation. After the mechanical cleaning in the mucositis group a thiazin based photosensitizer was applied into the pocket and left for one minute. Then the pocket was rinsed with water and activation of the photosensitizer was performed with non-thermal laser light of 660 nm for one minute for each area following the recommended protocol. The photodynamic reaction leads to a singlet oxidation at the membrane of the bacteria and performs a selective cell death. In the osseoseparation group the same treatment was administered as initial therapy for bacterial reduction. Vertical bone defects were augmented after 3 to 5 days with additional local photodynamic treatment of the surgical site. In the mucositis group 5 patients received the implant treatment after cancer rehabilitation with skin graft and suffered on super infection with *Candida*. These patients were retreated by a sequence of antimicrobial treatments between 2 and 8 weeks. Other patients in the mucositis group showed no clinical symptoms after 1.2 appointments in average. The anti-microbial photodynamic treatment offers a bacteria reduction without administering local anaesthesia and can be repeated without any side effects. This non-invasive method allows an early treatment of peri-implantitis prior to radiological signs of bone loss.

## DECISION DILEMMAS IN DENTAL MANAGEMENT OF XEROSTOMIA - A CASE STUDY AND GOOD CLINICAL PRACTISE

Authors: **Mr. Suresh Nayar, Mr. Raj Patel, Prof. Ian Brook**

Presenter: **Mr Suresh Nayar**

Practice/Institution: **Charles Clifford Dental Hospital & The University of Sheffield**  
Wellesley Road, Sheffield S10 2SZ.

### ABSTRACT:

Xerostomia is a condition of dry mouth that is experienced by many patients. The prevalence of this complaint and its negative effect on the patient's quality of life make it likely that the practitioner will encounter this condition on a regular basis. Xerostomia is a condition which pre-disposes the oral cavity to dental caries, candidiasis and difficulty in the use of dentures (Guggenheimer et al 2003). Due to the uncontrolled nature of dental disease which is a sequelae of xerostomia, patients usually undergo a protracted period of oral rehabilitation which eventually culminates in tooth loss. Heroic attempts at restoring and retaining the failing dentition only add to the dissatisfaction with this group of patients (Naito et al 2006). The numerous attendances which the patients have to tolerate along with the social disability of the disease and tooth loss have an enormous psychological impact on these patients. These patients also have difficulty in wearing tissue-supported prosthesis which compromise functionality. In view of the nature of the condition and issues with longevity and survival of restorations it is only prudent that a multidisciplinary management style is adopted. Often patients with xerostomia are overlooked at the primary care settings, sometimes with less than ideal result for the individual. It is with hindsight that we are able to reflect on the difficulties encountered and this can help educate the future management of patients with xerostomia. This case study presents an example of the use of implants in the multidisciplinary management of a young patient with xerostomia and highlights the dilemmas in decision-making and treatment planning.

1. Guggenheimer J, Moore PA. Xerostomia: Etiology, recognition and treatment. *J Am Dent Assoc* 2003;134(1):61-69.
2. Naito M, Yuasa H, Nomura Y, Nakayama T, Hamajima N, Hanada N. Oral health status and health-related quality of life: a systematic review. *J Oral Sci* 2006;48(1):1-7.

## USING CONVENTIONAL GOLD CASTING WITH PORCELAIN FOR A FULL ARCH IMPLANT BRIDGE INSTEAD OF CAD-CAM TECHNOLOGY

Authors: **Ashley Byrne and Anthony Byrne**

Presenter: **Ashley Byrne**

Practice/Institution: **Byrnes Dental Laboratory**, 6 Ashurst Court London Road Wheatley Oxon OX33 1ER

### ABSTRACT:

#### Objective

The objective of this case was to restore a full lower arch on implants using an alternative to cad-cam technology. The lower would be a conventional gold cast beam construction with porcelain teeth and pink porcelain gum to achieve optimal aesthetics. One of the biggest problems with firing large quantities of porcelain onto a cast bridge is distortion of the cast gold substructure. Using a specifically designed alloy and heat treatment technique from Cendres Metaux our aim is to achieve the optimal aesthetics of the bridge whilst maintaining a passive fit on the implants.

#### Methods Used

Once a diagnostic denture and bite record was achieved a full diagnostic wax up of the finished beam was constructed. Silicone indices where taken of this and the bridge was cut back 2mm all over for optimal porcelain support. The bridge was sectioned in wax and rejoined to ensure a passive fit in wax. The bridge was then sprued and left twenty four hours before final check of fit and then investing and casting in Implant 76 bonding alloy. The casting was deinvested and checked under 20x magnification for passivity of fit. With the sprues still attached to the bridge an initial heat treatment cycle was completed and a secondary treatment once the sprues were removed and the bridge trimmed in. The fit was checked again and then opaque added. Noritake EX-3 was used for both the teeth and gum work. The bridge was fired 7 times in the construction at an average of 950 centigrade. Once the ceramic was glazed and all occlusal adjustments made the bridge was finally checked ! again under 20x magnification for passivity. The bridge was then checked inter orally with probe and x-rays for passivity and once confirmed was accepted by the patient and fitted.

#### Essential result

The patient was delighted with the high aesthetic result of both the gum work and the teeth. The bridge achieved a passive fit through all construction and casting and once all heat treatment cycles had been completed the bridge maintained its passive fit through porcelain firing cycles as high as 980 centigrade.

#### Conclusion

This proves that conventional casting with porcelain teeth and gum work is a viable option over cad cam when implant passivity is essential and high aesthetic demands are required.

## EXPERIMENTAL IMMEDIATE LOADING OF CERAMIC IMPLANTS WITH VARIOUS DESIGNS

Authors: **J. Neugebauer, M. Weinlaender, V. Lecovic, C. Khoury, T. Buzug, F. Vizethum, J.E. Zoeller**

Presenter: **J. Neugebauer**

Practice/Institution: **Interdisciplinary Outpatient Dep. for Oral Surgery and Implantology Dep. for Craniomaxillofacial and Plastic Surgery** University of Cologne Kerpener Str. 32 D 50931 Köln Germany

### ABSTRACT:

In the past ceramic implants showed a very nice soft tissue behavior but the clinical success was compromised due to lack of osseointegration in the early stage and mechanical complication like fracture in the long term run. New material like Yttrium stabilized Zirconia ceramics promise a higher mechanical stability. While mechanical stability can be proven by in-vitro-testing the course of osseointegration had to be determined by in-vivo condition.

A pilot study on four mongrel dogs was performed to compare the course of osseointegration of root-form and parallel walled one-piece ZrO-ceramic implants in comparison to titanium implants.

A total of 64 implants were placed. The root form ceramic implants (White Sky, Bredent Medical, Senden, Germany) had machined (CM), grid-blasted (CG) and a collagen-coated (CC) surface. The control implants were cylindrical ceramic implants (CZ) (Z-Lock, Z-Systems, Konstanz, Germany) and titanium root form implants (TG) (Sky, Bredent Medical, Senden, Germany).

The root form implants showed always a higher insertion torque than the cylindrical implants. If an insertion torque above 50 Ncm occurred the implant sides received additional preparation to avoid over-compression of the peri-implant bone. After removal of the premolar a healing period of 8 weeks was applied. In each quadrant four implants with the various surfaces were placed and immediate restoration with a resin bridge was performed.

After 3 month of loading the animals were sacrificed and radiological and histological investigations were performed. Two implants with machined surface showed now osseointegration. All other implants were stable.

The bone to implant contact was improved in the following order CM ← ZC ← CG ← TG ← CC.

The use of ceramic implants is possible if a high primary stability could be achieved and a stabilization of the implants within one bridge is possible. Due to the one piece design special clinical consideration should be performed to achieve a high clinical success.

# SOCIAL EVENTS

THURSDAY 3 - SUNDAY 6 MAY 2007

## WELCOME RECEPTION Birmingham Museums & Art Gallery

Thursday 3 May 1815-1945

Sponsored by 

The venue is located 5 minutes walking distance from the **ICC** with entrance from Victoria Square. All registered delegates and ticketed guests are invited to this welcome reception in the Grade II listed building hailed as one of the national most outstanding examples of Victorian architecture. Drinks and canapés will be served throughout the decorative art galleries.



### ADMISSION/TICKETS

Admission is by ticket only to delegates and guests registered in advance. A small number of tickets may be available at the Congress enquiry desk on the day of the event. Since there is no official Congress Dinner on this evening why not explore Birmingham and sample one of its many popular restaurants.

## THE 'ASCOT BALL'

Friday 4 May Hall 4, ICC 1900 - 0200



The **Gala Dinner** night has become an increasingly popular event at the biennial Congress. The 2007 Ascot-themed event will be no exception with an exciting evening planned for all attending! After a drinks reception at 1900, guests will enter **Hall 4**, where dinner will be served at 1945. Enjoy an entertainment-filled night of fun gambling, competitions, music from a top DJ and a superb live ten-piece band, **and don't forget your dancing shoes!**

### ADMISSION/TICKETS

All tickets for this event are now sold out. Please bring your ticket on the night for admittance. Anyone without a ticket should check at the Congress enquiry desk for possible late returns on the event day.

Guests who would like to reserve a table together should advise the Enquiry Desk staff before lunch on Friday 4 may. **Dress code for the evening is Ascot style.**



## GOLF DAY

Sunday 6 May The Belfry 0900 - 1400



Sponsored by 

The **ADI post Congress golf day** has proved to be as in demand as ever. For 2007 participants have the exciting opportunity to play at the **Belfry** - home to the 2002 Ryder Cup.

The Albatross packages have been generously sponsored by **Dentsply Friadent** including an exciting variety of prizes.

### ADMISSION/TICKETS

All Belfry places have been allocated. Those who have pre-registered will have received instructions in the post regarding the order of the day. Please visit the Congress enquiry desk for more information and any returns.



## PLENARY SCIENTIFIC

## ICC Hall 1 Thursday 3 May

Time	PROGRAMME
1200	<b>Registration Open - ICC Foyer</b> <b>Exhibition Open - Hall 3</b> Snack refreshments
1400	<b>Welcome by the ADI President</b>
<b>Session 1 Moderator</b>	<b>Philip Bennett</b> ADI President
1415	<b>Martin Gross</b> Associate Clinical Professor, School of Dental Medicine, Tel Aviv University, Israel <b>Occlusion in Implant Dentistry: What do we know &amp; what we should or should not be doing</b>
1515	Tea ☕ Exhibition - Hall 3
1545	<b>Georgios Romanos</b> Clinical Professor of Periodontology and Implant Dentistry, NYU College of Dentistry, USA <b>Crestal bone stability &amp; hard tissue response around immediately loaded implants placed in compromised surgical sites</b>
1645	Panel Discussion
1715	Close of session

## ICC Hall 1 Friday 4 May

0800	<b>Registration Open - ICC Foyer</b>
0800	Coffee ☕ Exhibition - Hall 3
<b>Session 2 Moderator</b>	<b>Tidu Mankoo</b> Congress Scientific Committee
0900	<b>Michel Magne</b> Associate Professor of Clinical Dentistry and Director of Dental Technology, University of Southern California, USA <b>Key steps &amp; communication tools to achieve ultimate aesthetics with ceramic restorations</b>
1000	<b>Joseph Kan</b> Professor of Implant Dentistry, Loma Linda University, USA <b>Predictable anterior implant aesthetics: Science, Art and Limitations</b>
1100	Coffee ☕ Exhibition - Hall 3
1130	<b>Rino Burkhardt</b> Private Practice, Zurich and Clinical Instructor, Department of Periodontology, University of Berne, Switzerland <b>How do we solve soft tissue recession problems around implants and teeth?</b>
1230	Panel Discussion
1245	Lunch 🍴☕ Exhibition - Hall 3

<b>Session 3 Moderator</b>	<b>Edwin Scher</b> Congress Scientific Committee Chairman
1400	<b>Presentation of Poster Prize</b> Awarded by ADI President
1415	<b>Paulo Malo</b> Private Practice, Lisbon <b>Live Surgery from Portugal - Teeth in an hour with NobelGuide</b> Sponsored by <b>Nobel Biocare™</b>
1545	Tea ☕ Exhibition - Hall 3
1615	<b>Peter Moy</b> Associate Professor Oral & Maxillofacial Surgery, UCLA School of Dentistry, USA <b>Ridge augmentation with a variety of graft materials including autogenous, allografts, xenografts and alloplastic materials</b>
1715	Panel Discussion
1730	Close of session

## ICC Hall 1 Saturday 5 May

0800	<b>Registration open - ICC Foyer</b>
	Coffee ☕ Exhibition - Hall 3
<b>Session 4 Moderator</b>	<b>Michael Norton</b> Congress Scientific Committee
0900	<b>Mark Spatzner</b> Private Practice, Montreal, Canada <b>Regenerative Implant Therapy: A 15 year retrospective</b>
1000	<b>Zvi Schwartz</b> Professor Department of Periodontics, Hebrew University, Jerusalem, Israel <b>The role of implant surface and energy during osseointegration</b>
1100	Coffee ☕ Exhibition - Hall 3
1130	<b>Roland Glauser</b> Private Practice, Zurich, Switzerland <b>The (r)evolution of immediate implant loading concepts</b>
1230	Panel Discussion
1245	Lunch 🍴☕ Exhibition - Hall 3
<b>Session 5 Moderator</b>	<b>Larry Browne</b> ADI Committee Technician Representative
1415	<b>Vanik Kaufmann-Jinoian</b> Dental Laboratory, Liestal, Switzerland <b>CAD/CAM - Implants - Esthetics</b>
1515	<b>Devorah Schwartz-Arad</b> Senior Lecturer Department of Oral & Maxillofacial Surgery, Tel Aviv University, Israel <b>Block Autografts: Updates and innovations</b>
1615	Panel Discussion
1630	Closing Address by ADI President



## NURSES & PRACTICE STAFF

ICC Hall 5 Friday 4 May

**Time** **PROGRAMME**

0800 Registration in Main Foyer

**Moderator: Stephen Jones**  
Private Practitioner, Newbury

0900 **Ashley Latter**  
Sales Coach, Manchester  
**Develop Proven Techniques & Skills that will help more Patients to say YES more often**

1000 **Louise Bridges, Jo Coffman, Helen Patrick, Amanda Smith**  
Pentangle Dental Transformations Nursing Team, Newbury  

- Room preparation and laying out instrumentation
- Preparation of patient
- Clearing up & cleaning/sterilisation
- Sorting and storing instrumentation

1045 Coffee ☕ Exhibition in Hall 3

1115 **Anthony Bendkowski**  
Specialist in Surgical Dentistry, Maidstone  
**Implant Placement and Bone Augmentation - A Practical Approach for the Whole Team**

1200 **Martin Docking**  
Dental Technician Implant/Private Laboratory, St. Agnes  
**Ticket to Smile - The Laboratory Role**

1245 Discussion

1300 Lunch 🍴🍷 Exhibition in Hall 3

**Moderator: Anthony Bendkowski**  
ADI President Elect

1415 **Live Surgery** relayed from Hall 1

1545 Tea ☕ Exhibition in Hall 3

1600 **Kat Michaels**  
Practice Management Consultant, New Barnet  
**Getting Implants Started... A Team's Survival Guide**

1645 **Koray Feran**  
Private Practitioner, London  
**PowerPoint / Photoshop in Dentistry for the Dental Team**

- Photography
- Record-keeping
- Putting together presentations

1730 Close of session

## DENTAL IMPLANT HYGIENE

ICC Hall 8 Friday 4 May

**Time** **PROGRAMME**

0800 Registration in Main Foyer

**Moderator: Philip Bennett**  
ADI President

0900 **Sara Andrews and Michael Zybutz**  
Hygienist & Specialist in Periodontics, London  
**Implants - The Untold Story**

1000 **Mhari Coxon**  
Hygienist, London  
**Preparing a Patient for Implants**

- Understanding the need for stability in the mouth prior to implants
- Assessing the mouth and devising a plan of treatment agreement with your dentist
- Understanding the process of mouth disinfection
- Achieving a satisfactory result

1045 Coffee ☕ Exhibition - Hall 3

1115 **John Stanfield**  
Hygienist, Cheshire  
**Implants - do we probe or not?**  
A look from both sides of the story. **Instruments - their place in implant care.** What are the choices?

1200 **Ann Gilbert**  
Hygienist, Staffordshire  
**Dental Implants & the Role of the Hygienist**

- Changing role of the hygienist
- Pre-operative evaluation
- Pre-implant hygiene therapy
- Post placement hygiene therapy
- Long term care & maintenance
- Complications
- Peri-implantitis

1245 Discussion

1300 Lunch 🍴🍷 Exhibition - Hall 3

**Moderator: Adrian Binney**  
ADI Committee

1415 **Live Surgery** relayed from Hall 1

1545 Tea ☕ Exhibition - Hall 3

1600 **Jennie Haywood**  
Hygienist, Cardiff  
**Who, Where, What, When?**  
A guide through the dialogue between patient & hygienist

1645 **Alison Hodson**  
Hygienist, London  
**The "F" word .....**  
Recognising signs and symptoms of implant failure and discussing what happens next

1730 Close of session

# AUXILIARY PRACTICAL WORKSHOPS

SATURDAY 5 MAY 2007 - HALL 8 - ICC

0930-1100 and 1130-1230

Optional workshops and demonstrations have been provided for nurses, practice staff and hygienists.

Participants who have signed up for the workshops should report to Hall 8 on Saturday morning.

Where possible times will be allocated and where not, participants will be rostered on a first-come-first served basis.

It should be possible for everybody who has booked in advance to have access during the morning to most of their choices.

**Workshop areas, with the following topics, will be set up around the Hall**

1. Implant placement using models and dummy implants
2. Surgery set up i.e. drapes, gowns and sterilisation techniques
3. Photography for record keeping
4. Implant scaling and sharpening techniques
5. Answering patient questions after implant consult
6. Basic bone grafting techniques
7. Oral hygiene and interdental brushing techniques



The **ADI** wishes to acknowledge the help and support of the programme speakers and for the industry in making their time, products and services available to this very important area of implant education.

Our sincere thanks go to:

**Astra Tech**  
**C.I.C.S.**  
**General Medical**  
**Molar**  
**Swallow Dental**  
**and W & H (UK)**

## INVITRO RESPONSE OF PRIMARY HUMAN OSTEOBLAST CELLS ON SURFACE MODIFIED TITANIUM IMPLANT

Authors:

L. Sarinnaphakorn, C. Giordano, E. Sandrini, R. Chiesa, A. Cigada, M. Fenlon, and L. Di Silvio

Presenter: **L. Sarinnaphakorn**

Practice/Institution: **Biomaterials and Biomimetics Group**

King's College London Dental Institute, Guy's tower London SE1 9RT UK

### ABSTRACT:

#### Introduction:

Cytoskeletal organisation is a pre-requisite for the development of the signalling cascade resulting in migration, adhesion, and proliferation. Aim: To investigate the initial responses of primary human osteoblast cell on treated titanium surfaces. Materials and Methods: Three different titanium surfaces were used: Electrochemically treated method by anodic spark deposition (ASD), chemically etched named BioRough<sup>®</sup> (BR), and commercially-pure grade-2 titanium (cpTi) (Loterious SpA, Italy). ASD and BR were made and supplied by Nanosurfaces s.r.l., Italy.

All samples were cut into disc shape and sterilised prior to use. Each surface was characterized using SEM, EDS, and AFM. HOB cells were extracted from human alveolar bone (HOB). They were cultured in Dulbecco's Modified Eagle Medium (DMEM) (Sigma) in an incubator at 37°C with 5% CO<sub>2</sub>. They were seeded at a density 1X10<sup>4</sup> cells/ml directly onto the test discs (ASD, BR, and cpTi) as well as on Thermanox<sup>®</sup> (TMX) (NY, USA), as a negative control (non-toxic material). At day 2, cells were fixed with 1.5% glutaraldehyde buffered in 0.1 sodium cacodylate, then dehydrated through graded ethyl alcohol solution followed by hexamethyldisilazane (HMDS) solutions and dried. The discs were then sputter coated with gold-palladium and viewed using SEM (Hitachi S-3500N, Hitachi High-Technologies).

For immunofluorescence staining, cells at day 4 were fixed in 4% formaldehyde/PBS, and then immunolabelling stained. Results: SEM images showed cell layers on each surface exhibited normal cellular activity with filopodia extending on the surface. Rounded cells in various stages of division were also observed. Fluorescent cytoskeletal labeling of cells showed four vital components, including (1) Actin stress fibres (green), contractile stress fibres, (2) Tubulin microtubule (green), (3) Vimentin intermediate filaments, and (4) Vinculin (red), focal adhesions sites. Conclusion: The preliminary results have indicated that the ASD modified titanium surface has a microstructure topography enriched in Ca and P resulting in a favourable response following incubation with HOB cells. Cells were able to recognise the surface features and respond to them, as indicated by the actin filament in filopodia, and the formation of focal contacts. This study has demonstrated that the material surface significantly affect initial cell attachment, resulting in enhanced biological interaction.

## THE USE OF ZIRCONIUM ABUTMENTS IN THE AESTHETIC ZONE

Authors:

Mr James A Hamill BDS MFDS RCSEd Mr Larry S Browne FBIDST LICG DCP

Presenter: **Mr James A Hamill Mr Larry S Browne**

Practice/Institution: **Blueapple Implant Team**

10 Railway Road Belcoo County Fermanagh NI

### ABSTRACT:

Meeting patient expectation in their aesthetic zone demands newer innovative thinking and techniques. Careful soft tissue management should be ongoing throughout the full course of treatment and beyond. Provisionalisation to contour and mature soft tissue sculpture is carefully managed. Transfer of that information prior to final crown construction is essential to ensure that the accurate implant placement, within the aesthetic parameters is fully supported. Modern CAD-CAM technology has allowed for the peri-implant tissue area to be backed and supported by tooth coloured individual abutments, rather than the more usual metal. This is especially important in patients with thin genotype tissue where grey 'shine through' would be expected. Techniques and criteria are discussed and illustrated together with the Straumann 'CARES' CAD-CAM crown and abutment system for demanding and challenging anterior crowns on implants. Several cases will contrast crowns on natural teeth alongside restorations on implants.

## IDENTIFICATION AND CHARACTERIZATION OF SALIVARY PROTEINS ON TITANIUM ABUTMENTS IN AN IN VIVO MODEL

Authors: Aparna IN, Sharon JR Saldhana, Veena Hegde, Dhanashekhar  
Practice/Institution: **Manipal College of Dental Sciences**  
Manipal University, Manipal - 576 104, INDIA

### ABSTRACT:

The prosthetic placement of biomaterials in the oral cavity is subject to deposition of salivary pellicle. Salivary proteins of the acquired pellicle determine the co-localization and colonization of bacterial plaque. Any variation in the pellicle constituents in turn may cause differences in bacterial adhesion and subsequent colonization. In this study we identified the main salivary proteins that adsorb onto titanium surfaces of transgingival abutment.

The clinical significance of this study lies in the characteristic feature of acquired pellicle formation which may influence preferential adhesion and colonization of specific strains of oral microbiota thus altering the plaque composition and its pathogenicity. Peri-implant inflammation due to bacterial cause may be one of the factors in implant failure.

Objective of the study was to identify the main proteins that adsorb onto the titanium surfaces in vivo and may therefore function as ligands for microbial adhesion and to determine whether qualitative difference exists in the protein composition between partially edentulous and edentulous subjects.

Method used to analyze these proteins on prosthetic titanium components were analyzed by biochemical methods and electrophoresis for protein characterization.

Results obtained from our preliminary study showed pellicle demonstrating alpha amylase, salivary albumin and IgG as the main constituents in both the groups.

Conclusion from our preliminary results suggests that these proteins may be of considerable importance as they may influence the preferential adherence and colonization of oral microorganisms.

## BONE REGENERATION IN A BI-LATERAL SINUS LIFT; A COMPARATIVE STUDY BETWEEN IRRADIATED HUMAN CANCELLOUS BONE VERSUS A SYNTHETIC ANALOGUE

Authors: A. McGee (1), J. A. Hunt (2)

Presenter: **A. McGee**

Practice/Institution:

1. **Fairfield Dental Surgery, Middlesex, UK**
2. **UKCTE, Clinical Engineering, University of Liverpool, UK**

### ABSTRACT:

The procedure of sinus grafting is an accepted technique for the generation of viable bone in the sinus cavity for successful implant placement.

In this case study we report the comparative bone regeneration capability, using histological techniques, of an irradiated cancellous human bone versus a synthetic composite of tricalcium phosphate and calcium sulphate, when used in a bilateral sinus graft procedure.

A male smoker, aged 53, presented with pneumatized sinuses. A bilateral sinus graft was performed using the modified Caldwell-Luc technique. Irradiated cancellous human bone from a commercial bone bank was placed in the right hand sinus, and the synthetic composite was placed in the left hand sinus. Healing was uneventful in both sides. At six months post surgery, three implants were placed on each side, with core biopsy samples taken at the time of implant placement, one into each site of augmentation material implantation. The diameter of core samples taken was 3mm.

It was noted that the core from the right hand sinus was soft and broke into two fragments on removal from the core drill, whilst the left hand sinus core exhibited firm integrity.

The core biopsy samples were immediately fixed in formalin, and then processed for histological evaluation by embedding in glycol methacrylate with subsequent 4µm thick sectioning. Tissue sections were tincturally stained using Von Kossa and Van Gieson.

The biopsy from the site implanted with synthetic composite material demonstrated the presence of bone in close apposition, or completely surrounding the graft material. The new bone present at the site was mineralised (Von Kossa) and contained collagen (Van Gieson), which histopathologically appeared to be normal healthy bone; equivalent to bone in the upper sinus.

The biopsy from the site implanted with irradiated bone demonstrated little new bone generation, indicated by small amounts of mineralisation and collagen tissue.

In this challenging case, the synthetic graft material proved more effective for bone generation in the sinus graft procedure than the irradiated human cancellous bone. The use of the synthetic composite material as an effective alternative to allograft tissue warrants further application specific study.



## DIFFERENT SUBSTITUTE BIOMATERIALS AS POTENTIAL SCAFFOLDS IN TISSUE ENGINEERING

Authors: L. Petrovic MD, DDS; S. Rupprecht PhD, MD, DDS; F. W. Neukam Prof., MD, DDS; J. Wiltfang Prof. PhD, DDS; K. A. Schlegel PhD, MD, DDS

Presenter: **L. Petrovic MD DDS**

Practice/Institution: **Oral and Maxillofacial Surgery**

MKG-Erlangen, Priv.-Doz. Dr. Dr. S. Rupprecht and Dr. Dr. L. Petrovic, Fürther Str. 19, 91058 Erlangen, Germany

**Dep. of Oral and Maxillofacial Surgery**

Friedrich-Alexander University, Glückstr. 11, 91052 Erlangen, Germany

### ABSTRACT:

#### Objectives and Introduction:

To find the optimal scaffold for tissue-engineered bone, one approach is to test existing biomaterials on their suitability as scaffolds. In this study, the suitability of different alloplastic and xenogenous biomaterials as scaffolds for ex vivo osteoblast cultivation was investigated.

#### Materials and Methods:

Normal human osteoblast cells were cultured on the surface of bovine collagenous materials, bovine hydroxyapatite, porcine gelatin, synthetic polymer, collagen-containing bovine hydroxyapatite, and the investigation of proliferation was performed after 24, 72, and 120 hours. Measurement of the differentiation marker alkaline phosphatase and osteocalcin was made after 20 days of incubation.

#### Essential results:

The obtained data showed significantly higher proliferation and differentiation rates in cells cultivated on collagen-rich biomaterials in comparison to non-collagenous or collagen-poor biomaterials ( $p < .05$ ).

#### Discussion and Conclusion:

In tissue engineering the scaffold should be biocompatible and serve as a proper matrix for the cells to produce the new structural environment of extra cellular matrix ex vivo. Collagen supports initial cell attachment and cell proliferation, allowing immature osteogenic cells to differentiate into mature osteoblasts, but collagen may not be the only dominating factor for cell-matrix interaction during ex vivo bone formation.

These data suggest that a 3-dimensional collagen matrix can provide a more favourable environment for the attachment, proliferation, and differentiation of in vitro osteoblast like cells, at least until the initial stage of differentiation, than non-collagenous biomaterials.

The Poster Presentations will be adjudicated by the scientific committee on site. The prize of £1000 will be presented to the winning poster presenter in Hall 1 at 1400 on Friday 4 May.

All delegates are urged to visit the poster displays on the balcony located above the exhibition and catering area in Hall 3.

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**DENTSPLY Friadent UK & Ireland** will be celebrating with implantologists at this year's ADI event. 2007 marks 20 years of successful dental treatments using the ANKYLOS implant system, together with the company's largest ever programme in support of implantology skills development.

A division of **DENTSPLY International Inc., Friadent** is one of the world's largest suppliers of dental implants. The company manufactures a range of complete systems for implant-supported restorations, including same-day treatment. Its comprehensive product portfolio comprises:- "Ankylos", "XiVE", "Frialit-2", "Frios" and "PepGen P-15" - providing solutions for every implant related situation.

**DENTSPLY Friadent's Implantology Skills Development Programme 2007 Prospectus** offers more than 7,000 hours of educational opportunities at 12 centres around the UK. The programme includes courses which cater for every level of previous experience and the whole practice team, from dental nurses to laboratory technicians, as well as clinical practitioners. It will be of particular interest to individuals who want to acquire new surgical skills, enhance their career, expand patient services and/or improve practice performance.

Tel: 01293 536321 [www.dentsply.co.uk](http://www.dentsply.co.uk)

**DENTSPLY**  
FRIADENT

## DEXCEL PHARMA

**Dexcel Pharma** is proud to bring to the UK the MIS implant product range. MIS products have been developed to provide practical and excellent value solutions to the challenges of implant surgery. MIS products have been developed in Israel, sold around the world for more than 10 years, and are recognised for being of top quality and innovative design.

All MIS implants adhere to the highest international standards and have ISO, FDA and CE approvals. MIS Biocom Implants are titanium cylinder screw type implants designed for both two-stage and single stage procedures.

The MIS innovative self-tapping SEVEN implants are especially designed for implantation in a wide range of bone types and bone augmentation procedures. Reflective of the MIS strategy to make implant surgery easier, a free final drill is provided with each SEVEN implant.

The MIS bone compression kit is unique to MIS in that it is screwed rather than tapped into the bone. This enables better implantation, better primary stability and the prevention of bone loss without 'hammering'.

The MIS Abrahami Drill Guide Kit has been designed to accurately locate and drill the holes of two or more consecutive implants with optimal spacing, angulation and parallelism.

We welcome the opportunity to speak to you about the MIS range and training opportunities at Stand 60.

Tel: 01327 312266 [www.dexcelpharma.com](http://www.dexcelpharma.com)

# EXHIBITORS PROFILES

## DIGITAL DENTAL

The UK's premier independent specialists on every aspect of digital imaging for your practice. View all the latest advances in proven digital x ray technology, including Schick Wireless sensors and the new Vistascan and Optime image plate systems. Get details of the Picasso, the world's first 3 in 1 Digital CT Scanner, Panoramic and Cephalometric system.

The newest intra oral digital photography can be experienced with 7 different digital and intra oral cameras including cordless and wireless systems. Our new Cosmetic Imaging, Patient Education and Patient Relaxation systems will also be displayed.

Tel: 0800 027 8393  
[www.digitaldental.uk.com](http://www.digitaldental.uk.com)



## E-WOO TECHNOLOGY

Dental X-Ray System: Picasso Trio/Pro/Master (CT), Anyray System

Dental digital chair: Denmo series

Intra Oral Sensor: Any Sensor

Dental X-Ray Sourcing and Metal Press/Assembly

Tel: +82 31 288 1124 [www.e-wootech.com](http://www.e-wootech.com)

## FMC

Subscribe to **Implant Dentistry Today** for 1 year and get another year **ABSOLUTELY FREE** - Just visit Stand 24  
Implant Dentistry Today is an exciting new journal aimed at keeping you up to date with all the latest developments in implants. It contains high quality practical case studies aimed at all dentists that specialise in implants. Articles are peer reviewed for quality and accuracy to ensure this journal remains at the pinnacle of implant dentistry. It will act as invaluable reference guide of implant materials and equipment for you and your practice. You can also gain up to 16 verifiable CPD hours in a year.

### NEW THIS YEAR

Practice Profiles including a visit to Phil Bennett, the ADI president at his practice in Lyme Regis, Dorset and Eddie Scher's renowned Walpole Street practice in West London.

This offer is for today only.

So visit stand 24 to subscribe for 1 year at £95 and get another year **ABSOLUTELY FREE!**

Tel: 01923 851777  
[www.fmc.co.uk](http://www.fmc.co.uk)



## GC UK

**GC Europe's** comprehensive range of investments now includes Fujivest Platinum, specifically manufactured for high-precision castings facilitating a perfect fit even in implant suprastructures and long span bridges. The impressive features of this new graphite-free crown and bridge precision investment include comfortable working properties and perfect expansion control for quick heating as well as conventional step heating procedures. It is suitable for all precious, semi-precious and palladium-based alloys.

Also new is Fujivest Premium, a modern multi-purpose investment material which is perfect for all prosthetic work and alloys, especially for nickel-chromium and cobalt-chromium.

Tel: 01908 218999 [www.uk.gceurope.com](http://www.uk.gceurope.com)

## EXHIBITORS PROFILES

## GEISTLICH BIOMATERIALS

**Geistlich** are leaders in dental bone and tissue regeneration. Our product system includes the native collagen membrane, Bio-Gide and bone substitute Bio-Oss.

In conjunction with International and UK opinion leaders, our "Regeneration Support Team" propose a series of evidence based, education tools and training events supported by our Dentally qualified RDN's.

Our educational programme offers hands-on events from a single days' introduction to GBR, complete with live surgery, through to advanced level master classes and dissection courses.

If you wish to DEVELOP YOUR SKILLS WITH THE LEADERS IN BONE AND TISSUE REGENERATION then contact us to discuss your needs.

Tel: 01244 347534 [www.geistlich.com](http://www.geistlich.com)



## GENERAL MEDICAL

**General Medical** will be displaying much of their range of implant accessories including the Mectron Piezosurgery system, instruments from the Zepf and Hu-Friedy, the new bone management products from Meisinger plus distraction and bone fixation systems from Trinon.

In addition the company has launched a new range of innovative biomaterials and membranes from TecnoSS Dental as well as the non-biological UK manufactured Reprobone for Ceramisys. The range of Vicryl Sutures has been greatly enhanced with specialised dental and oral surgery sutures from Serag-Weissner, the top German producer.

There will also be a chance to check out the ever popular and competitively priced custom sterile procedure pack service.

Tel: 01380 734990 [www.generalmedical.co.uk](http://www.generalmedical.co.uk)

## IMAGE DIAGNOSTIC TECHNOLOGY

**Image Diagnostic Technology** is a London based company that specialises in processing CT images for pre-surgical planning. Our primary business is to provide multi-planar reformats and 3-D views for dentists and surgeons planning pre-operatively the placement of dental implants in the maxilla or mandible.

In partnership with Materialise NV of Belgium and Imaging Sciences International of USA as a distributor we offer the leading software package for the reconstructive surgery and dental implant planning - SimPlant, the leading surgical drill guide - SurgiGuide, and the leading cone beam low dose CT scanner - i-CAT - all backed by unparalleled technical support.

Tel: 020 86003540 [www.ctscan.co.uk](http://www.ctscan.co.uk)

## INNOVA UK

**Innova - Oraltronics - Attachments**, the dental platform of Sybron Dental Specialties (SDS), bring over 85 years of manufacturing, design and development experience to the implant market. Delivering only the highest quality dental attachments and two of the most respected, leading-edge dental implants on the market - ENDOPORE® and PITT-EASY® - we now introduce ANATOMIC® (the very first asymmetric dental implant) to our customers giving you access to a world of implant solutions.

Tel: 01386 561845 [www.innovalife.com](http://www.innovalife.com)



## JAMES HULL ASSOCIATES

**James Hull Associates** has pursued a specific strategy of identifying and subsequently acquiring practices. We have successfully integrated surgeries such as The Eastman Private Practice at the ICED, Lister House Endodontic Practice, Gareth Jenkins at "The Parade" in Cardiff and "The Carisbrooke Practice" in Leicester.

As you will know, all of these have a significant presence of "specialists" as well as high-end private generalist practice. Our strategy has not changed and we are in the process of acquiring similar practices in Manchester, Newcastle, Leeds, London, to name a few areas, which share our vision and focus to deliver clinical excellence in a profitable environment.

We are also keen to have highly qualified surgeons, both Generalist and Specialist, Hygienists, Nurses and Administrative Personnel to join the existing practices within the group adding to our growing team of dedicated professionals.

0207 467 6902 [www.jameshull.co.uk](http://www.jameshull.co.uk)

# EXHIBITORS PROFILES

## JOHN FOSTER PRIVATE PROSTHETICS

On returning from a four-year contract at the Kings Hospital in Saudi Arabia, **John Foster** opened his dental laboratory in 1986. Initially specialising in Chrome/Cobalt and Prosthetics until 1990 when his involvement with implants began. The Laboratory moved to new premises near the Metro Centre where he specialises in complex private implant commissions. John has undertaken many specialist courses around the world: Implants - John Wibberley, Prosthetics - John Besford, Jurgen Stuck, Ceramics - Germany, Paul Ficchter, Jurgen Braunwarth, Tony Byrne, and Canada - Trevor Langchild. John has also given several lectures to dentists and technicians. Come and see us.

Tel: 0191 4885262 [www.johnfosterprivateprosthetics.co.uk](http://www.johnfosterprivateprosthetics.co.uk)

## J & S DAVIS

In cooperation with leading scientists and practitioners Meisinger have developed a range of Bone Management® systems which are designed to optimise the bone implant bed and can be used in conjunction with the Surgeons preferred implant system. These include: Split Control a minimally invasive alternative to osteotomes, Transfer Control a bone replacing system, permitting precise and standardized transplantation of autogenous bone cylinders, Balloon-Lift-Control a very safe procedure used for the pre-augmentative stripping of the maxillary sinus mucosa and Benex®-Control (Root Extraction System) is ideally suited for the extraction of roots and root fragments in situations where conventional extraction using pliers would no longer be possible.

Tel: 01707 822520  
Email: [jsdsales@js-davis.co.uk](mailto:jsdsales@js-davis.co.uk)



## KERR UK

**Kerr's** innovative family of products reach in to many areas of dentistry. Optibond-All-In-One is a single-component, self-etch adhesive that eliminates multiple steps when bonding direct and indirect restorations. Take 1 makes a significant difference in crown and bridge impression taking achieving excellent results. The latest addition to the range of impression materials is AlginoT. AlginoT is an extremely cost-effective, reliable alginate alternative. It is a high-quality material that delivers exceptional accuracy and performance. Presented in self-mixing sausage cartridges AlginoT is revolutionary. It is simple to use and saves the dental assistant a tremendous amount of time and energy - giving your practice the opportunity to accommodate more patients. Visit the **Kerr** stand to find out the benefits and for details of the current promotions.

Tel: 01733 892292 [www.kerrdental.com](http://www.kerrdental.com)



## KODAK DENTAL SYSTEMS

**Kodak Dental Systems** is the only supplier that designs, manufactures and supports the "Integrated Digital Dental Practice" including, digital x-ray products, dental practice management software, digital cameras, cosmetic imaging software, all of which seamlessly integrate with each other. This means, that they can offer the dental professional a true one stop solution for all their digital needs and support.

The current range of products includes R4 practice management software, Kodak 8000C digital panoramic and cephalometric x-ray system, the Kodak 8000 digital panoramic x-ray system, Kodak 6100 digital intra-oral x-ray sensors, CR7400 digital radiography system, Kodak 1000 intra-oral camera, Kodak P712 dental digital camera and Kodak cosmetic imaging software.

The latest addition to our portfolio is the ground breaking Iluma Cone Beam 3D scanner, offering unrivalled image quality with low radiation.

**Kodak Dental Systems** was the amalgamation of Kodak Dental, PracticeWorks and Trophy Radiology. More than 50% of all UK practices currently use Kodak dental practice management software.

Tel: 01438 245000 [www.kodakdental.com](http://www.kodakdental.com)

# EXHIBITORS PROFILES

## LAMP SERVICES

**LAMP Services Limited** is the UK's largest provider of specialist implant insurance working alongside Implantology Services Limited, the original designers of Implant Protection. **LAMP Dental Implant After Care** provides your patients with cover for failure to integrate along with UK and overseas accident and emergency cover. The cover also includes a 24-hour helpline with access to over 1,600 dentists worldwide. The scheme is simple to administer and gives you an increased level of service whilst limiting your exposure to the costs of providing remedial treatment.

Tel: 01444 444957  
[www.lampinsurance.com](http://www.lampinsurance.com)



## LITEOPTICS

Come and see the NEW VISION AID FOR DENTISTRY, the Varioscope M5 HEAD MOUNTED MICROSCOPE. Used widely throughout Europe and the U.S., the M5 has only been available in the UK for a few months. It incorporates all the features of a high specification microscope with the convenience of loupes.

Features include

- Infrared Auto Focus
- Variable Zoom 2-9x
- Variable working distance (300 - 700mm)
- Coaxial Illumination
- Built in CCTV camera
- Multiple User Application

Dr Ashok Sethi was so impressed with the product, he was the first UK dentist to buy one for his Harley Street practice.

01799 542 716 [www.liteoptics.com](http://www.liteoptics.com)

## MDIS

Providing good value implant solutions

Q-Implant (TRINON) is available as a transmucosal or a two-stage version which covers most indications. Its distinctive self-tapping thread achieves excellent primary stability.

**Mini Dental Implants (IMTEC)** are narrow diameter with an 'O' ball head and have a standard or maxillary thread. They are FDA approved for long term denture stabilisation.

New ENDURE (IMTEC) implants offer an internal hex, micro-threading to aid integration, two diameters and lengths ranging from 8mm-20mm.

All systems have simple protocols and instrumentation and provide excellent value for money. Contact us for details and for information on introductory seminars and courses.



Tel: 01782 771212

## MEDENTA FINANCE

**Medenta - much more than money.**

Through a range of products including 0% and Low Cost finance, **Medenta** help dentists make the treatment that clients want more affordable. As well as providing the means for patients to fund treatment the company also provides funds to enable dentists to acquire all manner of surgery and IT equipment and cars.

Whilst provision of the money is a key area of the **Medenta** business, at the heart of the company is the desire to help people and businesses grow. Through advice, coaching and training, the company is enabling dentists nationally to create the type of businesses that they want.

Tel: 01294 316559 [www.medenta.com](http://www.medenta.com)



# EXHIBITORS PROFILES

## MEGAGEN UK AND IRELAND

For too long the barrier for many practitioners providing their patients with dental implant services has been the price of the dental implants and components. Today we are introducing our high-quality, reasonable price alternative to the market.

**Megagen**, the second largest implant company in the burgeoning Korean market and market leaders in Asia and the Far East, can offer you a full range of system compatible implants and prosthetic components for many of the major systems. This, together with our comprehensive range of in-house education programmes, training of auxiliary staff, as well as a complete range of clinical and laboratory support services makes **Megagen** unique in providing dentists with all they require to introduce high quality implantology services to their patients.

Tel: 020 8904 6191

## METALOR

**Z-Systems AG / Metalor Dental** is an innovative Swiss company developing and producing metal-free solutions in dental implantology made from high performance Zirconium oxide ceramics, and based on more than 5 years clinical experience. Certified and approved: white aesthetics thanks to zirconium oxide. Z-Look3 implants cover the full spectrum of indications from fully edentulous cover dentures to single tooth anterior restorations where aesthetics are of prime importance. Due to the unique mono-block design and the ability to simply grind the abutment like a natural tooth in the oral cavity, aesthetic metal-free implants are now a reality. Visit the Z-Systems stand for further details.

Tel: 0870 7346002  
[www.metalordental.com](http://www.metalordental.com)



## MOLAR

This year **Molar** is celebrating its 10th anniversary. Over these years **Molar** has provided dental professionals with quality oral hygiene products. The range includes award winning and market leading products including TePe®, bioXtra™, ProDen PlaqueOff™, TongueDetox™, and Quitstics™.

TePe are best known for their Interdental Brushes, which are now available with extra soft filaments. Also included in the TePe range are a number of manual and specialist brushes designed for site specific cleaning.

ProDen PlaqueOff™ offers a new and easy solution for those patients who have difficulty in controlling plaque and calculus and may be specifically useful for those with implants where cleaning is of paramount importance.

There is always something new at **Molar**, so visit our stand to find out more.

Tel: 01934 710022 [www.molarltd.co.uk](http://www.molarltd.co.uk)

## NEOSS

Our desire at **Neoss** is to connect the dental professional and their patients with a system that provides for a safe and reliable treatment. By forging strong relationships that help us to understand and listen to a wide range of clinicians, academics, dental technicians and engineers from around the world, we've managed to create an implant system that redefines the word simplicity.

It uses less than a hundred products compared to other systems that can extend to over a thousand.

Its unique design will help to save time resulting in happy, productive and efficient dental teams.

So no matter how it's viewed, **Neoss** is clearly driven to deliver a superior product, not just for you but for all your patients.

Visit stand 25 today and see redefined simplicity for yourself.

Tel: 01423 817733  
[www.neoss.com](http://www.neoss.com)



## EXHIBITORS PROFILES

## NOBEL BIOCARE

**Nobel Biocare** is a medical devices group and the world leader in innovative aesthetic dental solutions with its brand Brånemark System®, NobelSpeedy™, NobelReplace™, NobelPerfect®, NobelDirect®, NobelGuide™ (dental implants) and Procera® (individualised dental prosthetics)

**Nobel Biocare** is a one-stop shop for restorative aesthetic dentistry, offering a wide range of innovative Crown & Bridge & Implant products, as well as training & education and clinically documented treatment concepts.

The global operational headquarters are located in Gothenburg, Sweden, while production takes place at four production sites in Sweden and the U.S. **Nobel Biocare** has its own sales organisation in 29 countries.

Tel: 01895 430650

[www.nobelbiocare.com](http://www.nobelbiocare.com)



## OPTIDENT

**Optident** will introduce POV, the new standard in lighting for magnification and photography using a revolutionary technology only seen before from fixed tabletop units and also 'Trueshade' for colour corrected lighting environment perfect for shade assessment and tooth mapping. **Optident** and SciCan will jointly introduce the new HYDRIM C51 washer disinfectant for fast and effective pre-sterilisation cleaning of all instruments, handpieces and implant kits prior to introduction into the Statim S class steriliser. The Kettenbach range of impression materials is ideal for implant impressions including a clever technique to give stability to implant copings when using a fixture head impression technique. Please visit stand no. 28.

Tel: 01943 604400 [www.optident.co.uk](http://www.optident.co.uk)

## PANADENT

New products and live demonstrations, including Easyshade, Vita's popular digital shade taking system. Combining CAD/CAM & artistry, on show will be in Vizion crowns and bridges. Demonstrations of Straumann CARES implant system for customised Zirconia and Titanium abutments with the NEW MCXL milling unit inLab CAD/CAM system and the InEos scanner. See the new features of the 3.0 BIOGENERIC software for inLab and MCXL that make this unique system even easier and faster to use, Schick S3 milling unit which now features a Ceramic milling dish with air turbine for milling Zirconia. Vita Physiodens and Vitapan private denture teeth add bleaching shades to the range to reflect public demand. For endodontics Thomas new NiTi with 'Stopper' and newly redeveloped Gonon post remover 'UPR' Kit by Dr Machtou reflecting modern post materials. SWORD quality hand instruments for implantology will also be on show.

Tel: 01689 881788 [www.panadent.net](http://www.panadent.net)

## PFIZER CONSUMER HEALTHCARE

Listerine is the most extensively tested daily use mouthwash, there are over 25 clinical papers supporting Listerine's plaque reduction efficacy as part of a twice-daily oral care routine. Listerine is proven to reduce 48% more interproximal plaque than brushing and flossing alone\_ and reduce whole mouth plaque development by up to 56%.

The Listerine product range includes Teeth and Gum Defence with added fluoride and Advanced Tartar Control proven to reduce calculus build up\_ to help keep teeth naturally white. New in 2006 is Softmint Sensation Listerine, with all the plaque fighting benefits of Listerine in a milder taste to aid patient compliance.

## References

1. Sharma N, et al. J Am Dent Assoc. 2004; 135: 496-504
2. Charles CH, et al. J Am Dent Assoc. 2001; 132: 670-675
3. Charles CH, et al. J Am Dent Assoc. 2001; 132: 94-98

Tel: 01304 6161 61 [www.pfizerch.com](http://www.pfizerch.com)



# EXHIBITORS PROFILES

## PLANMECA

Today's most discussed technological breakthrough in X-ray is bringing a three dimensional (3D) X-ray imaging facility to dental procedures. **Planmeca** has developed a solution, in which a 3D compliant sensor is attached to the Promax unit. The first system on the market capable to combine 3D, Panoramic and Cephalostat into one unit.

The imaging system is based on cone beam volumetric tomography (CBVT) technology coupled with the ethernet based communication system, the Promax is capable of transferring high volumes of image data from digital detector to a computer quickly and reliably.

The three dimensional images produced by the **Planmeca** Promax 3D unit are priceless when planning implants jaw surgery, and root treatment, plus many other applications including TMJ's.

One major benefit is that any existing Promax can be upgraded to 3D at any point in the future.

Tel: 01707 822409  
[www.planmeca.com](http://www.planmeca.com)



## PRESTIGE DENTAL

Keeping up-to-date in the world of dentistry is always a challenge. Courses, product innovations and new techniques are just a few considerations that may come way down the list of priorities but may also make your daily clinical life more satisfying and financially rewarding.

Since 1989 **Prestige Dental** has been helping dental practitioners and technicians meet many of these conflicting demands. We have established ourselves as one of the leading speciality dental supply companies, offering products and services that enable you not only to keep one step ahead but also save time and expense during everyday practice.

With expertise in many specialist subjects such as occlusion, implantology, endodontics, prosthodontics, cosmetic and aesthetic dentistry our aim is to offer you the complete package.

We have products available that are sourced from some of the best manufacturers in the world. We also have the courses/educational back up to help you get the very best from the materials and equipment you decide to use from our portfolio. We evaluate areas in everyday practice that we feel can benefit from improved products or systems and we find the answer, however simple.

Please visit our website to see our innovative product range.

Tel: 01274 721567 [www.prestige-dental.co.uk](http://www.prestige-dental.co.uk)

## QUINTESSENCE PUBLISHING CO

For more than 50 years the International **Quintessence Publishing Group** has served the developmental and educational needs of dental professionals, dedicated to making available to the entire dental team a global resource of cutting edge research, experience, expertise and knowledge.

**Quintessence** is renown for its high quality publication and takes pride in maintaining its high standards to impart specialist knowledge in the dental field. Our publications cover all aspects of dentistry at all levels.

Our latest titles and current journals will be on display for you to peruse, including our new journal ENDO - Endodontic Practice Today. The 2007 Quintessence catalogue will also be available. **Come and see us on stand 40.**

Tel: 020 89496087 [www.quintpub.co.uk](http://www.quintpub.co.uk)

## RENISHAW

New metal-free dental CAD/CAM system launched by world leader in measurement technologies.

**Renishaw**, a world leader in industrial measurement and CAD/CAM technologies, has announced the UK introduction of its incise™ metal-free dental CAD/CAM system, the only process available to the dental market that will certify the quality of fit for manufactured ceramic restorations.

The development of the incise™ process has drawn on **Renishaw's** 33 years of experience in precision measurement, 3D digitising and machining, plus pioneering research into the relationship between the clinical impression and the master model. This has resulted in a system that focuses on the accuracy of crown and bridge framework manufacture at every stage of the process, with a set of incise™ clinical guidelines helping to eliminate the errors that can arise during the impression and die process.

A key benefit of this emphasis on accuracy is the achievement of improved marginal fit, leading to shorter chair-times for patients and dentists during the final fitment of the crown or bridge, and giving increased resistance to tooth decay and staining, resulting in a longer lasting restoration.

Tel: 01453 523255 [www.renishaw.com](http://www.renishaw.com)



## EXHIBITORS PROFILES

## ROCKY MOUNTAIN TISSUE BANK

**Rocky Mountain Tissue Bank** was established March 1980 exclusively for the dental community. Specializing in Irradiated Allogenic Cancellous Bone & Marrow for human transplantation. The graft material stimulates bone regeneration and provides a foundation for dental implants in patients with bone loss. We are committed to producing a quality product. A quality assurance program has been established to ensure that all standard operating procedures and operating requirements are met. Our organization is registered with the Food & Drug Administration (FDA), American Association of Tissue Banks (AATB) accredited, and ISO13485:2003/ISO9001:2000 (UKAS) certified.

Tel: +1303 337 3330  
www.rmtb.org



## SAMERA

**Samera** are Chartered Accountants and Business Consultants dedicated solely to the UK dental sector.

If you want to:

- take control of your business
- improve your finances
- increase your profits
- and save more tax

then **Samera** can certainly help you to achieve your goals.

**Samera** also co-owns and manages The Neem Tree dental practices (theneemtree.net), two fully private dental practices based in Wandsworth and Canary Wharf. The Neem Tree is used as an ideas factory where new business ideas are trialed before being recommended to **Samera's** clients.

Tel: 0870 4460620    www.samera.co.uk

## SCHICK TECHNOLOGIES

For all your digital imaging needs the most advanced integrated system available today is widely recognised as being that from **Schick Technologies**. For intraoral radiography there is the **Schick** CDR $\ddot{E}$  cabled sensor and **Schick** CDR Wireless $\acute{I}$  the world's only cable-free sensor. Both utilize unique CMOS-APS technology for superb, razor sharp imagery. There is also the **Schick** CDR SDX x-ray generator designed especially for digital radiography and for use with our intraoral sensors. For panoramic radiography there is the iPan retrofit kit which converts most film-based machines to digital and the **Schick** CDRPanX a completely digital machine. Completing the system is the 'plug and play' **Schick** USBCam $\acute{I}$  intraoral camera.

Tel: 01270 613750  
www.schicktech.com



## SIRONA DENTAL SYSTEMS

**Sirona Dental Systems** markets and sells CEREC $\text{\textcircled{R}}$  system in the UK, which means the company deal directly with you, the dentist. Located in the city of London, it was founded in 2003 and is part of Sirona Group of companies.

The CEREC $\text{\textcircled{R}}$  chairside CAD/CAM system from **Sirona Dental Systems GmbH** is clinically proven. It was first introduced 20 years ago and has gone from strength to strength during this time. With constantly evolving technology, the CEREC $\text{\textcircled{R}}$  CAD/CAM allows you to fabricate inlays, onlays, crowns and veneers in a single appointment.

Tel: 0845 0715040  
www.sirona.com



# EXHIBITORS PROFILES

## SOUTHERN IMPLANTS

**Southern Implants** will be showing their extensive range of implants and prosthetics, and featuring the new MAXI implant (8 and 9mm wide) range. The Co-Axis implant, with the 12 or 24 degree table option, will be shown, as well as other innovative products.

We look forward to welcoming customers and visitors to our stand.

Tel: 020 89980063 [www.southernimplants.com](http://www.southernimplants.com)

## STRAUMANN

**Straumann** invites all delegates to visit them on Stands 61 & 68, where they will be able to see for themselves the most recent developments in **Straumann's** products and services, including the revolutionary SLActive, CAD/CAM custom abutments and all the products in the Regenerative Portfolio.

**Straumann** will also be sponsoring the Congress Welcome Reception, taking place on the evening of Thursday 3rd May, from 6:00pm - 7:30pm in the exquisite Birmingham Museum and Art Gallery.

Visit **Straumann's** impressive SLActive ice sculpture on show in the venue's decorative art galleries, enjoy a drink with fellow guests, and make this Congress opening evening a truly memorable occasion.

Visit **Straumann** on Stands 61 & 68 at the ADI Congress 2007.

Tel: 01293 651230 [www.straumann.com](http://www.straumann.com)



## SUNSTAR G.U.M.

**Sunstar G.U.M.** is committed to providing quality oral health care products worldwide to consumers and dental professionals.

Through excellence in all that we do we are committed to achieving a leadership role in education, innovation, motivation and partnership in the promotion of improved oral health. We recognize our responsibilities to our customers, our employees and our shareholders to continually strive to fulfil, with trust and integrity, the mission of the company.

Tel: 0845 6017086 [www.dhb.co.uk](http://www.dhb.co.uk)

## SWALLOW DENTAL SUPPLIES

We have some amazing special offers for this year's ADI congress. Top of the list is the increasingly popular VITAL bone augmentation material. The new 0.5cc packs will be offered at £60 each, a saving of 15%. The ergonomically designed Anthogyr Mont Blanc, high torque 20:1 reduction contra-angle handpiece, will be on offer at £495, saving £50, and the Surgicontrol 20:1 reduction contra-angle with adjustable drilling depth stop will be offered at £375. The Aspeo re-usable bone collector will be offered at £110 including 3 free filters. Last, but not least, the SheerVision Loupes and LED lights will also attract a very special show price.

Tel: 01943 604408 [www.swallowdental.co.uk](http://www.swallowdental.co.uk)

## TANDEX A/F

**TANDEX** is a privately owned Danish company that started the manufacture of dental products in 1930. **TANDEX** produces and sells a full range of preventive dental care products which includes our well known **TANDEX SOLO** interspace brush and **TANDEX FLEXI** interdental brushes.

Our headquarters and production is located in Lyngø on the island Sjælland approximately 25 km north of Copenhagen.

Tel: +45 47 38 10 01 [www.tandex.dk](http://www.tandex.dk)



# EXHIBITORS PROFILES

## TECHNICARE DENTAL SUPPLIES

**Technicare** believes in offering "value for money". We provide Tungsten Carbides, Diamond Burs and Discs, Rubber Polishers and other frequently used consumables at competitive prices. As a company we are small enough to ensure that every client receives the kind of personalised service that has ensured our steady growth throughout the nineties into the 21st century. **Technicare** is accredited with ISO9002 and is an affiliated member of the DLA. Hopefully we can be of service to you and other new clients in the near future.

Tel: 01803 520280 [www.technicare dental.co.uk](http://www.technicare dental.co.uk)

## TRYCARE

Lifecore's new Prima Implant System, new Collagen products and graft materials from US Giant ACE Surgical, new Loupes and Lighting, and host of exciting new German Instruments, our stand is well worth a visit.

Pick up your new Trycare Surgical catalogue containing 100's of innovative new products from around the world containing everything from bone scrapers to Piezzo Surgery Units.

Confused about drapes? Speak with one of our sales representatives and tailor your own drape set to suit you.

The Prima Connex & Solo Implant System from Lifecore Biomedical is gathering momentum. Offering surgical simplicity without compromising clinical outcomes, with the added comfort of a very high success rate and Lifecore's unique 'Lifetime Warranty'.

Visit us and find out more. We look forward to seeing you

Tel: 01274 885524 [www.trycare.co.uk](http://www.trycare.co.uk)

## UNIVERSITY OF CENTRAL LANCASHIRE

**The Institute of Postgraduate Dental Education** is a department within the Faculty of Health at the **University of Central Lancashire**. The Institute offers a portfolio of postgraduate MSc programmes in dental disciplines aimed at providing clinicians with comprehensive part-time training that takes into consideration their practice commitments, promotes tangible skill transference and maintains professional competence within rapidly changing environments. Courses offered include Dental Implantology, Restorative Cosmetic Dentistry and Periodontology. Other courses being considered within this portfolio imminently are Endodontics, Oral Surgery and Facial Enhancement.

Tel: 01772 895861 [www.uclan.ac.uk](http://www.uclan.ac.uk)

## W&H (UK)

**W&H** manufactures a range of equipment for surgical interventions including implantology. The implantMED and elcoMED surgical drive units go beyond basic tooth removal, opening up new possibilities for oral and maxillofacial surgery. They are AP-tested and can be used in operating theatres. A range of surgical handpieces and saws are available for use with both units.

Surgical instruments and implantMED/elcoMED motors and cables can be sterilized using the new Lisa 500 series vacuum B sterilizers. These are reliable and easy to use and have an exceptionally fast ECO-B cycle which processes small loads in around 20 minutes.

Tel: 01727 874990 [www.wh.com/uk](http://www.wh.com/uk)

## ZHERMACK

Impressions material specialists **Zhermack** have a range of materials ideal for implant impressions. 'Elite Implant' is the first sterile silicone available, ideal for immediate loading impressions at the surgical stage. For delayed loading 'Elite HD+ Maxi' is an extra rigid heavy body A-silicone in a mixing machine delivery. For bite registration many silicones are too flexible or too brittle. But Colorbite D is different, it is the most rigid available but without being brittle. Colorbite D is also easy to use with a colour change on setting from green to yellow.

To complete the range there is a 5-day stability alginate and also a new alginate alternative.

Tel: 07870 690811 [www.zhermack.com](http://www.zhermack.com)

