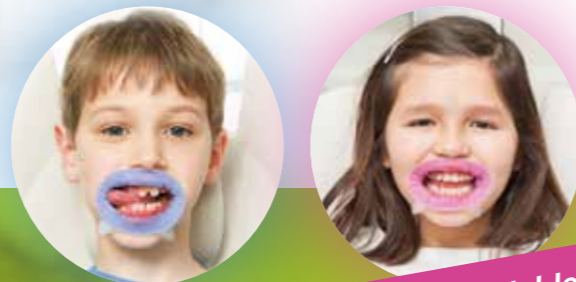


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Editorial

By Dr David Muscat

Dear colleagues,

This month several dentists attended the IDS Dental Trade Fair in Cologne which is held every two years. The DAM is holding its own conference on the 27th and 28th September 2019.

This year we have elected a new committee. The only change was that Dr Gabrielle Cordina was replaced by Dr Edward Fenech. Dr Cordina has still offered to help us with the CPD certificates.

The Saint Apollonia event this year was well attended and a great success.

In this issue I enclose the President's Report by Dr David Vella, DAM President, as well as the DAM Administrative Report by Dr David Muscat, DAM Secretary. Dr Audrey Camilleri, our International Relations Officer presents her IRO report.

The picture on the front cover is "Surf's Up" by Dr Josef Awad. This picture was one of the top fifteen photos in the Malta Photo Award Competition.

Best regards,

David

Dr David Muscat B.D.S. (LON)
Editor / Secretary, P.R.O. D.A.M.



Dr Noel Manche, Treasurer of the Dental Association of Malta, presenting 650 euro raised from the DAM Christmas Raffle at the Christmas Party to Ms Annalise Magro, Fundraising Manager of Inspire, in the presence of Dr David Muscat, Secretary, and Dr David Vella, President, during the DAM AGM at the Federation of Professional Associations, Gzira, on 13 February 2019.

The Saint Apollonia Event 2019 and Donation of Valuable Documents to the DAM by Stuart Geddes

Read the full story on pages 14 and 15.



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Are your patients' dentures truly clean?

Even visibly clean dentures can have hidden dangers.

The denture surface contains pores in which microorganisms can multiply and thrive.¹ Up to **80%** of patients use toothpaste to clean their dentures.^{2,3} As dentures are approximately **10x** softer than enamel,⁴ the abrasive nature of toothpaste can create scratches, which may lead to increased microbial colonisation,⁵ resulting in gum irritation or denture malodour for your patients. These inadequate cleaning methods can cause the appearance of your specially made and well-fitting dentures to deteriorate and affect your patients' denture wearing experience and satisfaction.

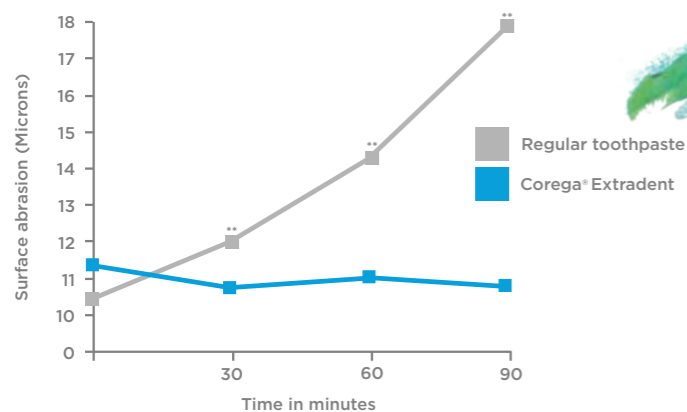


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Examiner blind, randomised three-period crossover study done on 26 subjects simulating brushing for 90 minutes using toothpaste (Crest cavity protection RDA-95) and Corega denture cleanser on an acrylic denture prototype. Surface changes observed at baseline, 30, 60 and 90 minutes. Abrasion was assessed using surface profilometer.
** P<0.005.

* When used as directed; [†] *in vitro* single species biofilm after 5 minutes soak

References: 1. Glass RT *et al. J Prosthet Dent.* 2010;103(6):384-389; 2. Marchini L *et al. Gerodontology.* 2004;21:226-228; 3. Barbosa L *et al. Gerodontology.* 2008; 25:99-106; 4. GSK Data on File; Literature review. August 2013; 5. Charman KM *et al. Lett Appl Microbiol.* 2009;48(4):472-477; 6. GSK Data on File; Lux R. 2012; 7. GSK Data on File; L2630368. October 2006.

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THE DENTAL ASSOCIATION OF MALTA President's Report

By Dr David Vella, President – DAM

Dear Colleagues,

Welcome to our 2019 Dental Association of Malta AGM. Thank you for making some time after a busy day to join us here at our lecture hall.

We appreciate that everyone works hard and that making that extra effort is not always easy, be it through tiredness, family commitments or simply not wanting anything to do with dentistry after a long day facing dental issues.

However joining us and being proactive at our events is a very important aspect of membership. It keeps us in touch with you, our members, and also gives you the opportunity to provide feedback to the committee.

The more positivity we see, the more eager we get to organize events. You have to remember that the committee is voluntary and what you go through at the end of the day, we go through too as well.

I would honestly like to see more of you attend social events, such as the Xmas party, where great efforts are put in to provide a quality evening. Last December we had a super open bar, with excellent Hilton fare including a Blue Elephant section plus one of Malta's top DJs.

We put in a massive effort planning and coordinating these events, and a larger support would very much be appreciated, especially from our younger members as it gives them the opportunity to get to know their older colleagues in a very relaxed atmosphere, plus some networking never goes amiss too.

I will not go into what we've done over the last twelve months as our Honorary Secretary David Muscat will surely have a long list for you but I would like to mention some of the larger efforts.

These must be, the fabulous trip to Ivoclar Vivadent where a number of members including myself visited their Headquarters in Schan for an excellent combination of tuition, practice and basically some rowdy evening meals at a variety of restaurants.

Apart from the committee's efforts, most notably our Honorary Treasurer Noel Manche, we also have to thank Mr Etienne Barthet for coordinating with Ivoclar. The next large event, which many of you might not have noted, was the Ivoclar conference held in Rome a few months later.

These have been the second and third international study trips DAM have been behind within the last two years and the trips have been substantially subsidized.

This really shows how much DAM is prepared to focus on putting your funds to work by providing great opportunities for continuous education, some of it away from our shores.

There is one last issue which I have been unfortunately personally involved very recently and I would like to bring it to everyone's attention as this affects us all. I'm not sure how many of you are aware of the fact that the Ministry of Health is attempting to employ non EU dentists to solve the problem with the shortfall of dentists in the dental department, by simply giving them a temporary warrant without examination.

Unfortunately most of the individuals chosen are not dentists coming from first world countries where standards are usually high.

This is not hearsay as I've personally spoken to a very senior member of staff in the department, where he was trying to convince me that it's not a problem to do this. In my opinion this is wrong on so many fronts that I simply cannot understand how some of our colleagues are pushing for it. I would like to make this public so you will all know what position I will be taking, that as far as I am part of the DAM, I will oppose this move with all my might, and hope you will support your committee too.

Hopefully the Medical Council will also reason in the same way and the temporary warrants are simply not issued.

So to finish off, please do make an effort to join our social events (as you can see this is a sore spot for me), don't just attend when problems are around.

We do a lot of dirty work that many of you are simply not aware of or unfortunately take for granted.

Approach us if you think we can improve our service to our members in any way, you have our details and phone numbers. Support your committee as it takes a stand when protecting not only the patient but the reputation of our profession in Malta.

And finally, we plan to organize a grand two day event at the end of summer, more info will be provided soon.

Thank you. 🙏

International Relations Officer Report 2019

By Dr Audrey Camilleri, IRO – DAM

As representative of Dental Association of Malta I attended a CED meeting in Estonia in May 2018 and I also attended the one day meeting in Brussels in November 2018

At the Brussels meeting Dr Dominique Monnet, Head of Disease Programme, Antimicrobial Resistance and Healthcare-Associated Infections, provided an overview of the ECDC activities and existing data on antimicrobial resistance and healthcare-associated infections, highlighting that the burden of infections with antibiotic-resistant bacteria is comparable to the burden of influenza, tuberculosis and HIV/AIDS combined.

He stressed the need for further education of patients, healthcare providers and healthcare professionals and suggested that the CED could gather antibiotic prescribing data for dentists.

These are the updates on important topics that affect our profession

1. WORKING GROUP DENTAL MATERIALS AND MEDICAL DEVICES

- They presented the CED MDR CAD/CAM Statement, asked for comments and recommended its adoption;
- Updated on implementation of MDR;
- Informed about the proposal form the Commission on Health Technology Assessment;
- Updated on the implementation of the Mercury Regulation, including the progress of the

- feasibility study on the phase out of dental amalgam, the meeting with the Commission, and the national action plans;
- Encouraged Members to make use of the advocacy documents to help reverse the ban on tooth whitening in persons under 18;
- Informed about the progress on the ISO document on declaration of content of dental materials.

2. WG EDUCATION AND PROFESSIONAL QUALIFICATIONS

- They presented the results of the survey sent to the Deans of Dental Schools;
- Informed about the CED letter to ADEE, stressing the negative impact of overlapping professional competences in the context of the EDHF - ADEE Consultation on a common education framework (CEF) for dental hygienists in Europe;
- Informed that the CED is working on the draft FEDCAR Annex on Accreditation of Dental Education in Europe as are EDSA and ADEE;
- Updated on the preparations for the One Health Conference.

3. WG PATIENT SAFETY, INFECTION CONTROL AND WASTE MANAGEMENT

- Updated on the CED contribution to the EU Consultations on interface between chemical, product and waste legislation and upcoming work on the Water Directives;
- Informed about the intention to update the existing CED Resolution of May 2012 on the use of Nitrogen Sedation in

- Dentistry and about the upcoming survey on intravenous sedation, especially in light of the different situations across Europe;
- Informed about the strengthening focus on sustainability in dentistry, as well on patient safety

4. AMALGAM AND NATIONAL ACTION PLANS

As you may remember, the EU Mercury Regulation, which was published in May 2017 and introduced an EU wide phase-down of dental amalgam, **requires Member States to set out a national plans concerning the measures they intend to implement to phase down the use of dental amalgam by 1 July 2019.**

The WG Amalgam and Other Dental Materials prepared CED guidance on how to get involved in preparing the national action plans and topics that we should consider when drawing up the plan.

Such plans and the indicated measures could have a crucial impact on the dental practice. Dental Association of Malta needs to get involved in this action plan, as there are only 1,5 years left until the plans need to be fully adopted.

Art. 10 - Dental amalgams

- No general ban, but a study on the feasibility for a ban by the Commission in 2020, and a ban « preferably » by 2030, in respect of subsidiarity principle,

Continues on page 8.

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International Relations Officer Report 2019

Continues from page 6.

- Ban of dental amalgams for populations at risk (children, pregnant and breastfeeding women) in 01/07/2018, except for medical needs according to practitioners point of view,
- National plans for the phase-out of dental amalgams in 01/07/2019,
- Encapsulated form in 2019,
- Amalgam separators with high level of retention only in facilities treating amalgams, in 2019 for new separators, and 2021 for separators already in use,
- Report from the Commission on the need to regulate the level of mercury emissions of crematoria, with legislative proposal if appropriate,
- Practitioners are responsible for the management of amalgam wastes and the collect by certified entities.

5. CED CONCERN RE CORPORATE DENTISTRY

- Risk to the patients
- The CED is primarily concerned about the safety of patients and the continuity of care offered to them. In this regard, the CED fears that the commercial drivers that are the foundation of the business model in corporate dentistry may, in fact, be detrimental to the health and well-being of patients.
- A number of countries have already seen negative impacts on patients as a consequence of the methods employed by dental chains, where treatment decisions were taken on the basis of profit-

driven considerations or even by persons without the appropriate professional qualifications.

Worrying accounts from dental chains that were shut down in France and Spain reveal unethical practices and undue pressure on dentists to reach specific clinical targets, for example of quotas for placed implants. This has led to a string of court cases and caused great suffering to those patients that were mistreated and misled.

CED POSITION

- While we recognize that the set-up of the dental practice may change in the future and that more reliable data is needed when it comes to dental chains, it is imperative that patient safety is safeguarded at all times.

Therefore, the primary relationship in the delivery of dental care must always remain between the dentist and the patient who collaborate to develop strategies to ensure beneficial health outcomes.

Profit-driven considerations must not impact the treatment decisions taken in that setting.

6. PROPORTIONALITY TEST

Directive 2018/958 on a proportionality test before adoption of new regulation of professions was published on 28 June 2018 and has to be transposed into national legislation by 30 July 2020.

The CED now asks national dental associations to be involved in the transposition as much as they can to ensure that such transposition is aligned with the CED position and does not negatively impact the profession. To this end, the CED has created a template letter, which you can share with your national legislators.

7. ITALIAN CASE WHICH WILL HAVE REPURCUSSIONS

Preindl is an Italian who studied dentistry and medicine at the University of Innsbruck. He graduated from dental studies in 2013 and from medicine in 2014. Preindl asked for the recognition of his dental diploma in Italy according to the PQD in 2013.

In 2014 he asked for the same for his medical diploma but the Italian authorities refused it with the explanation that Italy does not allow for parallel degrees and also that the directive does not foresee the case of two parallel degrees.

The Court finally ruled that the directive (i) permits Member States to authorise part-time training, as long as the overall duration, level and quality of that training are not lower than those of continuous full-time training, and (ii) does not preclude Member States from authorising simultaneous enrolment on a number of training courses.

Further, a Member State, whose legislation creates a requirement

to pursue full-time training and a prohibition on being enrolled on two courses at the same time, must automatically recognise the evidence of formal qualifications covered by that directive and issued by another Member State, even if the person concerned has undertaken training part-time or has taken a number of courses at the same time, or during periods with partially overlap, as long as the requirements of the directive in relation to training are met

While this is a particular case that relates to the past medical training in parts of Austria, the court found that: **“It is for the home Member State (in the present case, Austria), and not the host Member State, to ensure that the overall duration, level and quality of the part-time training are not lower than those of continuous full-time training, and, more generally, that all the requirements in that directive are complied with.”**

This means that the host member state is not allowed to have a deeper look into the quality and duration of dental studies from abroad, which minimises once more the competences of host states.

This could further reduce the chances of any system of an obligatory European wide accreditation system or anything similar. ■

Administrative Report 2019 AGM

By Dr David Muscat, Secretary – DAM

The Dental Association has been active both on the CPD as well as the social front in 2018.

In February 2018 we organised as full day seminar on ‘Dental Implantology for perfect Aesthetics’ by Dr Lerner at the Radisson.

We also organised a lecture on ‘Patient Experience’ by Mr Matthew Jardine at the Corinthia Marina.

St Apollonia was celebrated on 11/2/2018 with mass at St Peters Monastery in Mdina followed by a reception at Palazzo Castelletti.

In March 2018 a group of dentists spent a week on a hands on training course at The Ivoclar Vivadent headquarters in Leichenstein.

On 25 March the DAM organised a Lenten mass and lunch at St Joseph Convent in Rabat. Dr Lino Said organises spiritual and social events on our behalf.

On 23 May 2018 we organised a seminar

entitled ‘Predictable and Profitable Practice techniques’ by Dr Paresh Shah at the Federation in Gzira.

On 30 May we organised a lecture on ‘Data Protection’ at The Hilton .

On 24th July we organised a lecture on Dental Posture and back pain entitled ‘Lets Get Cracking’ by Tonio Agius physiotherapist. We have also organised a series of Basic Life Support courses and we have continued this into 2019.

The DAM has been involved in mitigating the new Dental Clinic Guidelines which will come into effect in 2019.

We had a very successful Christmas party and raised 650 euro towards the charity Inspire.

In 2018 we lost two colleagues Drs Henry Caruana and Dr Herbert Messina Ferrante. They will be sorely missed.

The DAM looks forward to 2019 when we hope to organise a Dental Conference at the end of September. ■

THE NEW DENTAL CLINIC STANDARDS

WHAT DO THEY MEAN FOR THE DENTAL ASSISTANT'S ROLE IN CLINICAL PRACTICE?

By Ethel Vento Zahra BChD(Melit.), MSc(Melit.)

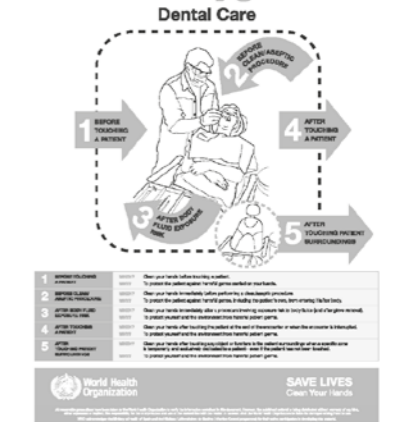
- The New Dental Clinic Standards –should be in effect in 2019, for licensing of dental clinics for 2020.

What do they mean for the Dental Assistant's role in clinical practice?

Medical emergency training

- A patient could collapse in any premises at any time, whether they have received treatment or not.
- All clinical staff should be trained regularly to deal with medical emergencies, including resuscitation, and possess up to date evidence of capability.

Your 5 Moments for Hand Hygiene



Vaccinations

- a documented positive anti-HBs titre at the accepted guideline (currently ≥ 10 mIU/mL)
- It shall be the duty of the employer to offer all vaccinations and, if necessary, revaccination in accordance with the schedules and recommendations established by the Superintendent of Public Health

Any member of staff exposed to body fluids or sharps injury, is to:

- Wash the affected site under running water and, in case of sharps injuries, encourage bleeding without rubbing.
- Attempt to identify the patient source (before the patient leaves the clinic).
- If identified, ask patient to immediately (within the hour) accompany the injured staff member to the nearest health centre for advice from a doctor and proper exposure management, including blood virological screening.

Hands should be washed with soap and water:

- at the beginning of a session
- whenever they are soiled with body fluids

Otherwise, alcohol hand rub is recommended (it is more effective and results in less skin dryness)

How to Handrub?



Any member of staff exposed to body fluids or sharps injury, is to:

- It is important to note that the patient has the right to refuse having his/her blood tested and that testing can only be done once consent is obtained.
- If patient source is unknown or refuses to attend for testing, the injured staff member should still attend him/herself for the necessary advice and support.
- It is very important that all sharps injuries and body fluid exposures are reported for necessary action to reduce the risk of transmission for Hepatitis B, Hepatitis C and HIV.

Personal Protective Equipment (PPE)

- Personal Protective Equipment should be worn in both patient care and instrument processing areas.
- Long sleeved clothing should not be worn so as not interfere with effective hand hygiene practice.
- All protective clothing should be used only once prior to being thrown away if disposable, or laundered if not disposable (lab coats and scrubs).
- Personal Protective Equipment should not be worn outside the work place.

How to Handwash?



- For surgical procedures, a surgical hand scrub (using either a saponaceous disinfectant or an alcohol rub product appropriate for the indication) should be performed before putting on sterile gloves

THE NEW DENTAL CLINIC STANDARDS

WHAT DO THEY MEAN FOR THE DENTAL ASSISTANT'S
ROLE IN CLINICAL PRACTICE?

Continues from page 11.

- Gloves are NOT a substitute for hand hygiene.
- Hand hygiene should be undertaken every time both before gloves are donned and after every time they are removed.

Hand Cream

- Soaps and disinfectants tend to cause drying and abrasion of the hands, which can lead to an irritant dermatitis.
- Applying hand cream several times a day reduces these problems.
- Hand cream has also been shown to reduce cross infection by preventing bacterial shedding.
- Do not use petroleum based products which can weaken latex and increase glove permeability.
- Do not use hand cream in pots as these can become contaminated.

Fingernails

- Fingernails should be short enough to allow thorough cleaning underneath them and prevent glove tears (should not extend beyond the tip of the finger).
- Sharp nail edges or broken nails are likely to increase glove failure.
- Long artificial or natural nails can make putting on gloves more difficult and can cause gloves to tear more readily.

Fingernails

- Artificial fingernails or extenders have been epidemiologically implicated in hand carriage of gram negative organisms, so dental health care professionals should not wear them at work.
- Nail polish should not be applied by staff having direct contact with patients because, if chipped or cracked, it can harbour added bacteria.

Case records

- Check that the right patient is booked by checking ID number when booking them in – thus ensuring correctness of medical records – which are a legal document and a legal requirement

Disposal of medicinals

- Bring in sites/ disposed of by special waste collection
- **NOT** thrown away in rubbish (black bag) or flushed down the toilet

Continues on page 16.

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SAINT APOLLONIA EVENT 2019

By Dr David Muscat, Secretary, Dental Association of Malta

On 18/2/2019 thirty seven people attended mass in the church of the Carmelite monastery in Mdina, the only church in Malta with an elliptical dome.

Father Mark, the DAM chaplain celebrated mass, and the talented Dr Bernard Bezzina played the majestic organ. Dr Lino Said assisted the priest.

Foollowing mass, a bearded Brother Glenn of the Carmelite Order, gave us a guided tour of the church and the monastery including the cells and refectory of the Brothers.

The church is a seventeenth century gem of The Order of the Brothers of The Most Blessed Virgin Mary of Mount Carmel which embraces the Gospel as The Supreme norm of our lives.

The Order helps gather men and women into one Holy People. The Priory evokes a Baroque concept of the total works of art where painting, sculpture and architecture come together to create a harmonious whole.

There are paintings by Michele Bellanti in the large chapels and six works by Giuseppe Cali in the church. Andrea Imbroll, a Maltese sculptor created the eighteenth century sculpture of the Virgin of Mount Carmel.

There is a painting of the Virgin of Mount Carmel by Mattia Preti. The small bozzetto of the dome of the Church is signed by the artist Santi Caccioguerra.

In the Chapter Hall one finds the painting of St Cecilia from the workshop of Mattia Preti. After the tour the group was escorted to Palazzo Depiro for a very nice lunch. During lunch Professor George Camilleri presented some important dental documents from the time of Professor Mangion to Dr Adam Bartolo vice President of DAM for safekeeping.

The event was extremely well organised by Dr Lino Said who has been co opted by the DAM for religious, spiritual and social events. 🙏



Professor George Camilleri presents the DONATION to Dr. Adam Bartolo, Vice President and Dr. David Muscat, Hon Secretary of the Dental Association of Malta.

STUART GEDDES DONATION

By Professor George Camilleri

Stuart Geddes presented to the Dental Association of Malta through George Camilleri, a valuable collection of manuscripts and other printed matter relating mainly to the late Professor J. J. Mangion and the dental profession in Malta.

This wide range of valuable archival material covers many topics including the interaction of the Maltese civilian dentists and the dental services of the UK military services in Malta and the early FDS examinations. The late Professor Mangion, who had passed the second FDS examination held by Royal College of Surgeons of England, was Senior Dental Surgeon and Dean of the Malta Dental School and a civilian Consultant to the British Services in Malta.

Stuart Geddes, a keen philatelist with a renowned Dental thematic collection had bought the items though e-bay. George Camilleri presented the collection to the Dental Association of Malta during the annual celebrations of the feast of St Apollonia held by the Dental Association of Malta. 🙏



THE NEW DENTAL CLINIC STANDARDS

WHAT DO THEY MEAN FOR THE DENTAL ASSISTANT'S ROLE IN CLINICAL PRACTICE?

Continues from page 12.

Air conditioning filters

- Weekly check of filters
- Cleaned as required

Decontamination Practices

- Lead person with responsibility for decontamination in the clinic, with line management responsibility to the licensee. (should have received necessary training in cleaning and decontamination of dental devices)
- The clinic shall have a written decontamination policy and staff shall be trained according to this policy. (based on the Standards for the Processing of Dental Instruments, published by the Health Care Standards Directorate)

Decontamination Practices

- Organised record of autoclave logs and relevant autoclave testing being carried out in the Dental Clinic, at all times.
- Follow the implementation of safe procedures for the use and disposal of sharp medical instruments and contaminated waste

Cleaning of dental instruments must be done prior to disinfection and sterilisation.

- Grossly soiled instruments which are unable to be cleaned immediately, should be sprayed with an enzymatic product to prevent dehydration and chemical bonding of the residue to the surface.
- All instruments should be either:
 - i) manually scrubbed OR
 - ii) rinsed from soil then mechanically cleaned from visible and non-visible soiling.

Cleaning of dental instruments must be done prior to disinfection and sterilisation.

- Cleaning should be undertaken in a sink dedicated solely for this purpose.
- After cleaning and decontamination, instruments should be checked visually under good lighting to ensure all soil/contaminant is removed. Damaged or rusted instruments must be repaired or discarded and those with visible residue soil/contamination must be recleaned.
- Rust on instruments prevents sterilisation from happening.

Cleaning of dental instruments must be done prior to disinfection and sterilisation.

- Heavy duty (puncture and chemical-resistant) gloves, eye protection/face shield/mask and a waterproof/fluid-resistant gown/apron must be worn by the staff cleaning the instruments.
- Cleaning techniques should aim to avoid spraying liquid into the air.
- Splashes of cleaning agents on a person's skin must be washed quickly with clean water and then treated in accordance with the manufacturer's instructions.

Continues on page 18.

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¹Defined as non-antibacterial fluoride toothpaste.

References: 1. Fine DH, Sreenivasan PK, McKiernan M, et al. *J Clin Periodontol.* 2012;39:1056-1064. 2. Collins LMC, Dawes C. *J Dent Res.* 1987;66:1300-1302.

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THE NEW DENTAL CLINIC STANDARDS

WHAT DO THEY MEAN FOR THE DENTAL ASSISTANT'S ROLE IN CLINICAL PRACTICE?

Continues from page 16.

Manual Cleaning

- Least efficient method of cleaning
- Ideally carried out in a double bowl sink
- The instrument washing sink should be prepared with an appropriate detergent specifically formulated for manual cleaning of medical devices.

Manual Cleaning

- The water temperature must not exceed 45°C; this should be measured using a mercury-free thermometer. (Hot water coagulates protein which increases the difficulty of cleaning. Cold water solidifies lipids)
- A mildly alkaline, low foaming, free rinsing non-abrasive liquid detergent designed for cleaning dental instruments and made up at the concentration specified by the manufacturer should be used.

Ultrasonic Baths

- Items must be rinsed free of visible soil before being placed in an ultrasonic bath.
- Instruments cleaned in an ultrasonic bath **need to be rinsed and dried.**
- At the end of each day, the tank must be emptied, cleaned and left dry.

Mechanical Cleaning

- Lids, tanks, gaskets and strainers must be cleaned daily
- Cleaning fluid must be changed when it becomes heavily contaminated or according to the manufacturer's instructions
- The lid must be closed during operation
- Instruments must be completely submerged in fluid
- No part of the operator's fingers or hands is permitted to be immersed in the fluid during operation of the cleaner.

Manual Cleaning

- The water level in the sink must be deep enough to allow **ALL** instruments to be fully submerged during washing to minimise splashes and aerosols.
- Instruments should be scrubbed with a long handled, soft plastic bristled brush.
- The instruments should then be placed on a perforated tray/rack and rinsed with hot water to remove all traces of detergent.

Manual Cleaning

- They should then be allowed to air dry.
- Abrasive cleaners such as steel wool and abrasive cleaning powders should not be used as they damage instruments and residues may be left.
- Cleaning brushes must be washed, rinsed and stored dry. A bur brush maintained in good condition is also necessary for cleaning tungsten carbide and diamond burs.

Drying of Instruments

- Residual moisture and salts in water may impede the sterilisation process.
- Suitable methods for drying instruments include using a drying cabinet or instruments can be allowed to air dry.
- If instrument washers are being used, these have a drying cycle which eliminates the need for a separate drying step.

Classification of critical/non critical instruments

Critical instruments:

- breach oral mucosa and penetrate normally sterile tissue
- confer a high risk for infection if they are contaminated with any microorganism.
- microbial contamination could transmit disease.
- This category includes all instruments used for surgical procedures such as forceps, scalpels, bone chisels and surgical burs.
- Sterility can only be ensured **IF** the instrument is **PACKED PRIOR TO BEING STERILISED**, and is then **STERILISED USING A VACUUM CYCLE.**

Mechanical Cleaning

Automated mechanical cleaning is preferred to manual cleaning since:

- It is more efficient
- It reduces the risk of exposure to blood
- It reduces the risk of penetrating skin injuries from sharp or pointed instruments.

Mechanical Cleaning

- Carried out in thermal washer disinfectors or ultrasonic cleaners.
- Equipment must be well maintained and cleaned regularly to prevent formation of biofilms

Classification of critical/non critical instruments

Semi-critical instruments

instruments not intended to breach the oral mucosa but contact mucous membranes or non-intact skin, e.g. mirrors, anaesthetic syringes, reusable impression trays, hand pieces, excavators, condensers, burnishers, carvers, flat plastic instruments, matrix band retainers and chisels.

These devices **need not be packed** but **MUST BE** sterilised after each use to prevent cross contamination between patients.

Classification of critical/non critical instruments

Non-critical instruments

Instruments that come into contact only with intact skin e.g. external components of x-ray heads, blood pressure cuffs and pulse oximeters.

Such devices have a relatively low risk of transmitting infection; and, therefore, may be barrier-protected or reprocessed between patients by intermediate-level or low-level disinfection.

Continues on page 21.

THE NEW DENTAL CLINIC STANDARDS

WHAT DO THEY MEAN FOR THE DENTAL ASSISTANT'S ROLE IN CLINICAL PRACTICE?

Continues from page 19.

Classification of critical/non critical instruments

- Semi-critical and non-critical instruments should be stored in such a way as to protect against contamination.
- **Single-use/disposable items** such as saliva ejectors, prophylaxis brushes, matrix strips and polishing strips **should be discarded after one use.**
- **Single use devices and items used during surgical procedures should be sterile at time of use.**

Packaging

- Packaging and wrapping materials must permit the penetration of steam into the pack and the removal of steam and water vapour after sterilisation.
- Trays or cassettes used for packaging instrument sets must be perforated to allow for penetration of steam and efficient drying.

Packaging

- Instruments with hinges or ratchets must remain open and unlocked
- Sharp instruments should be packaged in such a way as to prevent perforation of the pack.
- Packs must be sealed prior to processing. (thermal sealing machine or bags which are self-sealing. String, adhesive tape, staples and elastic bands are not to be used)

Packaging

- Sterilised packs should be marked with a date 1 year from the date of sterilisation.
- If the instrument is not used by this date, it should be reprocessed, repacked and resterilised.
- Felt tipped non-toxic marking pens, rubber stamps or labels using water-resistant ink may be used for the labelling of packs and bags prior to sterilisation.

Loading of instruments in autoclave

- Items waiting to be sterilized must be stored in a dedicated 'pre-sterilisation' area, not in the steam steriliser. (minimize risk of them being recirculated as already sterilised instruments)
- The steam steriliser trays should not be crowded and items must not be packed on top of each other.

Loading of instruments in autoclave

- To ensure air removal, hollow items should be loaded according to autoclave manufacturer's instructions.
- Packs of drapes must be loaded with the drape layers in a vertical direction.
- Packaging materials must be loaded flat with paper surface downwards.

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Tel: 21376774/5



Continues on page 25.

CYBER LIABILITY COVER

Unfortunately in today's world cyber-attacks and data breaches are increasing. Did you ever stop and think of how your practice could be affected if you suffered a cyber-attack?

Dentists like other medical professions have a vast amount of data including names, addresses, birth dates and also sensitive information such as health history and possibly banking information. The threat of this information being stolen is tremendous. A cyber breach can lead to significant expenses, reputational damage, possibly fines and wreak havoc on your dental practice.

We are pleased to inform you that MIB has the solution!

A Cyber, Privacy & Media risk policy is designed to respond in the event of a data breach and/or cyber-attack. This policy would include cover for the following:

- Full third and first party cover including
- Electronic and traditional privacy breach cover
- Cyber theft and extortion cover
- Breach notification and mitigation
- Regulatory investigations and fines/penalties cover
- Business Interruption recovery
- Reputational Damage
- Rapid response service

Contact MIB for a no obligation quotation on:
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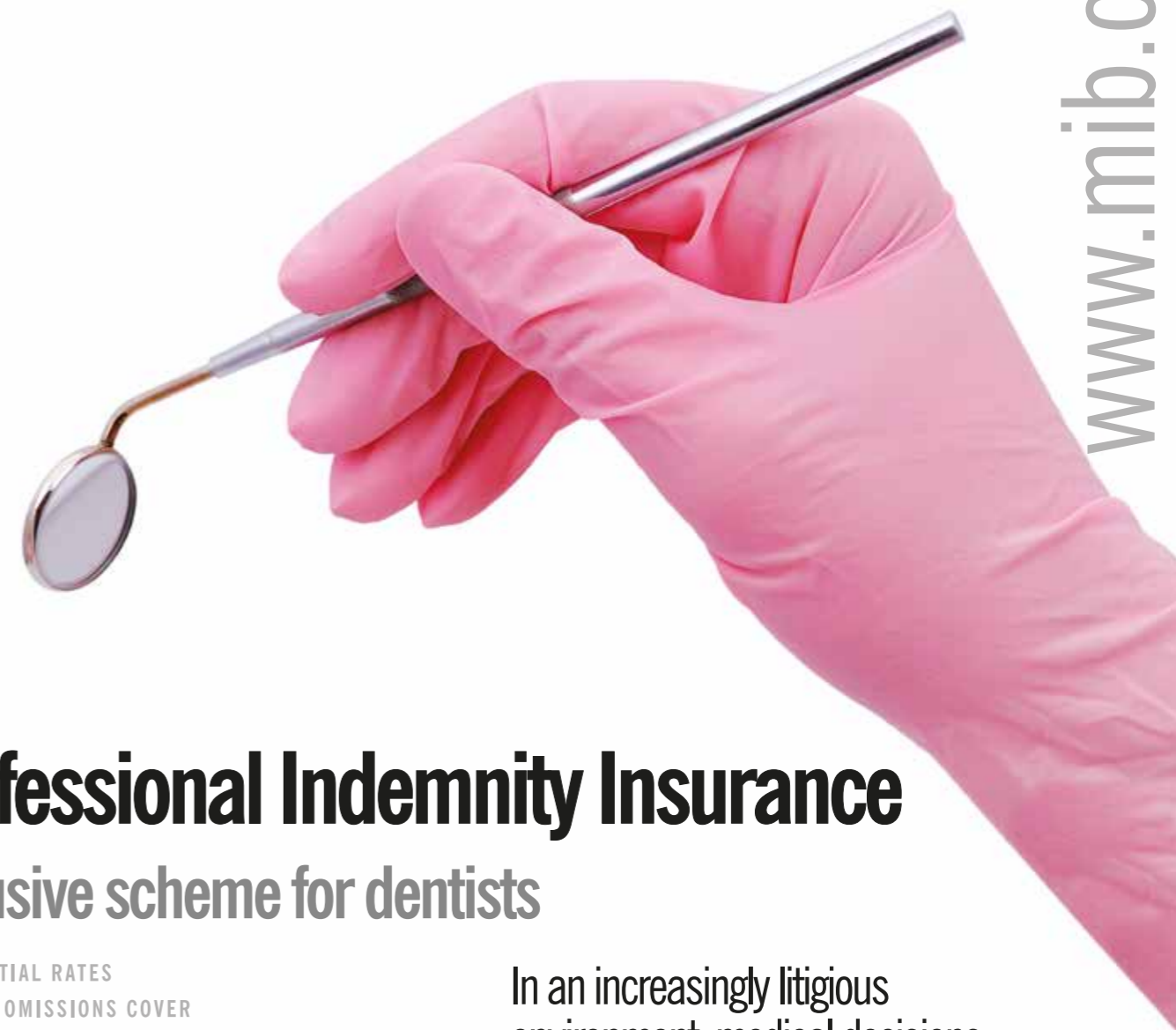
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MEDITERRANEAN
INSURANCE
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PREFERENTIAL RATES
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In an increasingly litigious environment, medical decisions and actions may be challenged and disputed. **Are you protected?**

For further information please contact: **Tonio Borg**
T. +356 234 33 142 M. +356 794 53 647 E. tonio_borg@mib.com.mt

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They're not braces.
They're the foundations of a smile that will move mountains.



They're not braces.
They're the preview of your new life.



They're not braces.
They're a step toward never hiding your smile again.

welcome
to
posiVITISM
LIVE ORTHODONTICS IN A POSITIVE WAY

VITIS orthodontic
Care and protection for
orthodontic appliance wearers



DENTAID
The Oral Health Experts

A SENSITIVE subject

Sensitive teeth? You can beat sensitivity pain fast thanks to this toothpaste from Sensodyne

Does eating and drinking certain foods or drinks cause your teeth sensitivity? This short, sharp pain – often combined with wincing – is uncomfortable yet it's actually easy to treat. Rather than avoiding your favourite food and drink, try using the Sensodyne Rapid Relief range to beat sensitivity pain fast. Available in Rapid Relief and Rapid Relief Whitening, this advanced range has been clinically proven to offer relief in just 60 seconds.



ALL SMILES

The Sensodyne Rapid Relief range is clinically proven to relieve the pain of sensitive teeth. The improved formula uses Stannous Fluoride to beat sensitivity pain fast. Formulated to create a physical seal against sensitivity triggers and when used twice daily, it provides long-lasting protection from sensitivity. And to effectively remove stains to restore the natural whiteness of your teeth*, try Sensodyne Rapid Relief Whitening.

Frozen treats



Iced drinks



Hot drinks



*With twice daily brushing

Sensodyne is the number one dentist recommended brand for sensitive teeth

Trademarks are owned by or licensed to the GSK group of companies

THE NEW DENTAL CLINIC STANDARDS WHAT DO THEY MEAN FOR THE DENTAL ASSISTANT'S ROLE IN CLINICAL PRACTICE?

Continues from page 21.

Loading of instruments in autoclave

- Only a single layer of packs must be placed on each tray.
- In a mixed load of wrapped and unwrapped items, unwrapped items should be loaded on the bottom racks of the autoclave so as to prevent condensation dripping onto wrapped/bagged items, and thus compromising their drying.

Proper operation of autoclave

- Before steam sterilising an instrument, the operator must verify that the item is suitable for the process (some instruments made of plastic cannot withstand the process).
- Each day the steriliser is used daily housekeeping checks and daily tests have to be carried out.

Proper operation of autoclave

- Written sterilisation procedures based on the manufacturer's instructions and that include loading, choice of sterilisation cycle, and procedure after sterilisation and record keeping have to be in place.
- All staff members have to follow these written procedures.

Daily checks for autoclave

A daily (each day the steriliser is used) automatic control test should be performed every day to verify that:

- A visual display of "cycle complete" occurs.
- Values of the cycle parameters as indicated on the process-data record (or observed) are within the limits established by the manufacturer.

Daily checks for autoclave

- Disinfection/cleaning/sterilising temperatures are within an appropriate temperature band.
 - The time for which the temperatures are maintained is not less than that established by the manufacturer.
- In the absence of an automatic air leak detection test, an air leak detection test should be run every working day, prior to commencing the first sterilising cycle.

Daily checks for autoclave

- In the absence of an automatic air leak detection test, an air leak detection test should be run every working day, prior to commencing the first sterilising cycle.
- A Helix Test needs to be carried out each day the steriliser is used. The Helix Test should be placed in a standard pack in a loaded autoclave for testing.
- An organised record of autoclave logs and relevant autoclave testing should be kept. These logs need to be kept for a minimum of 5 years.

THE NEW DENTAL CLINIC STANDARDS

WHAT DO THEY MEAN FOR THE DENTAL ASSISTANT'S
ROLE IN CLINICAL PRACTICE?

Continues from page 25.

Weekly checks for autoclave

- Weekly safety checks of the door seal and lock have to be carried out by clinic personnel

Drying

- This process results in a faster, more effective cycle and prevents the formation of condensate and guarantees that even the most difficult loads such as textiles, porous loads, and hollow instruments will dry.
- Forced cooling of items by external fans or boosted air conditioning must NOT be used.
- Cooling items must not be placed on solid surfaces since condensation of vapour inside the pack may result. Leave the instruments to cool in the autoclave.
- Packaged or unpackaged items must never be dried by opening the door of the steam steriliser before the drying cycle is completed.

Check cycle parameters

- Pressure, temperature and holding time readings have to be checked and compared to the recommended values.
- If any reading is outside its specified limits, the sterilisation cycle must be regarded as unsatisfactory and the sterilising cycle repeated.
- If the second cycle is unsatisfactory, the steam steriliser must not be used until the problem has been rectified by an instrument technician.
- Retain Logs and print-outs for inspection and monitoring.
- For dental instruments and equipment, vacuum steam sterilisers must reach a temperature of 121°C for not less than 15 minutes or 134°C for not less than 3 minutes.

Check the load

- The process documentation print out/log verifies that the correct sterilization parameters of temperature, pressure and time have been achieved.
- Bags must be checked to ensure that both the bag and its contents are dry and the bag is undamaged and properly sealed. The integrity of the packaging needs to be checked again immediately prior to use of the item.

Check the load

- If the bag/packaging is compressed, torn, unsealed or wet or if items have been dropped on the floor or placed on dirty surfaces, the affected instruments must be considered contaminated and must be repackaged and reprocessed.
- Unpacked instruments need to be dry. They then need to be stored appropriately in drawers which are easy to clean and, where necessary, disinfect. All clean surfaces and stored instruments should not be touched when wearing contaminated gloves.

Summary

- Hep B Vaccine and titre
- Sharps Injury Procedures
- Medical Emergency Training
- Handwashing/Handrub, Hand cream, Fingernails
- Case Records, Disposal of medicinals, Airconditioning filters
- Decontamination practices
- Sterilisation of instruments according to type

NEW

HELPS

REJUVENATE GUMS & REPAIR ENAMEL

IN 2 WEEKS*



**Did you know that
most oral care problems
originate from gums or enamel?**

It provides antibacterial
action on **gums**



It defends teeth against
acid erosion and helps
repair the **enamel**

*In laboratory study on weakened enamel

REDUCE. REUSE. RECYCLE. IN PRACTICE

Yvette Zahra BChD(Melit.)
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Ethel Vento Zahra BChD(Melit.), MSc(Melit.)

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Rubbish is deceptive.

When we put something in the bin, or throw it "away," we don't think about it anymore, BUT once an item is created and used, throwing it in the rubbish bin doesn't mean it vanishes.

- Obviously something must be done to stop this unfolding environmental disaster.
- Small steps by all of us can prevent the world's ecosystems from being irreparably damaged by plastic for generations to come.

The key to reducing our waste is to extend the life of the things we use.

- Most people are familiar with the three R's: Reduce, Reuse, Recycle.
- It's common to think of Recycling as the first solution to handling our trash, but Reducing and Re-using are actually much more effective.

- In the landfill, items we throw away slowly decompose and mix with what others have tossed.
- Toxic chemical cocktails can form and leach into the soil, eventually reaching our water stream.
- Sometimes trash is burned, polluting the air we breathe.
- When we transport our trash to landfills or incinerators, we consume even more energy, making the garbage problem an environmental double-whammy.

- It's important to recognize our trash never really goes "away."
- As communities increasingly resist the placement of landfills near their homes, finding places to store trash is fast becoming a crisis.
- Plastic is one of our biggest trash problems because it never decomposes.

REDUCE

- If we don't create trash, it doesn't have to be sent away somewhere.
- Packaging accounts for 33% of garbage.
- Many manufacturers are cutting down on the amount of packaging for their products, or making more of the packaging re-usable or recyclable.

How can we REDUCE in practice?

- Eliminating the use of plastic bottles, cans and plastic cups with re-usable drinking vessels
- Purchasing biodegradable cleaning products
- Going paperless/digital
- Purchase often-used items in bulk: Propy paste, gloves, masks
- Request supply companies combine orders to cut down on shipping boxes
- Set printers for double-sided printing
- Implement digital technology for imaging, impressions, cancer screening, charting, marketing
- Use steam sterilization eliminating the use of chemicals

- The UN Environment Program estimated in 2006 that every square mile of ocean is home to 46,000 pieces of floating plastic.
- Estimates of its size vary to around 1400km² - the largest landfill in the world
- The largest problem facing our ocean today because of the chemicals it leaches into the ocean, and the destruction of valuable marine life.

Why should we Reduce Reuse Recycle?



How can we REDUCE in practice?

- Limit the use of multiple gloving during patient care.
- Use fluoride varnish rather than fluoride applied in single-use trays.
- Consider prescribing bamboo toothbrushes and biodegradable floss picks to patients.
- Lobby with the producers of our materials to diminish packaging and instruction sheets in packaging – digital versions of instruction sheets should be more available.

REUSE

- Extending the life-cycle of an item by re-using it eliminates the need to transport it "away," the need to store it as trash, and the need to create a new item.
- Single-use infection control items are the biggest source of trash in the dental office, sending billions of pieces of paper and plastic trash into the environment every year.
- This can be reduced by switching to cloth infection control and sterilization, which has been used in high-end hospital operating rooms for decades.

REDUCE. REUSE. RECYCLE. IN PRACTICE

Continues from page 29.

REUSE

- Reusable autoclave bags: a typical single-dentist practice can divert as much as 4680 bags annually.
- Single use bibs to re-usable bibs: a practice can divert as much as 40,800 pieces of paper and 20,400 pieces of plastic from landfill each year.
- Other plastic, single-use items can be replaced with stainless-steel ones that can be sterilized and re-used for years, like impression trays and suction tips.

How can we REUSE in practice?

- Switch to cloth sterilization bags & patient barriers
- Wear cloth lab coats instead of paper ones
- Use re-usable face shields
- Re-use/ re-purpose lab & shipping boxes
- Switch to stainless steel impression trays, suction tips
- Provide glass or ceramic "rinse & swish" cups
- Use washable dishes & cutlery in the staff break room
- Any glass jars or plastic boxes can be repurposed as containers

Alternative - Corn plastic compostible (PLA) cups

- In an industrial scale composting facility they break down in 2 months
- In someone's backyard compost heap, it could easily take more than a year.
- If they are accidentally sent to a landfill and buried, it could take over a century.
- If they go into a plastics recycling bin, they will contaminate the recycling process.

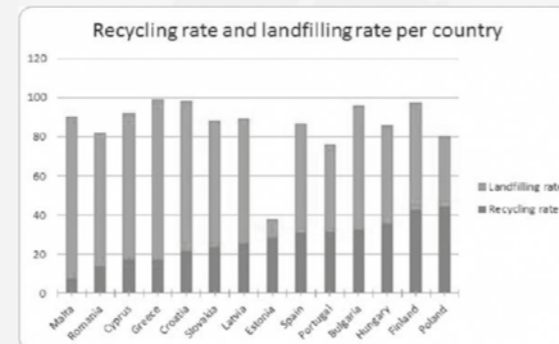
So is it really an alternative?

For Malta at this moment – NO – unless you can compost them yourself

RECYCLE

- Recycling should be our last resort, and we need to do a much better job recycling everything that we can.

European statistics for 2016 show only 7% of waste in Malta gets recycled.



What can be RECYCLED?

- food waste and plant waste in organic bag
- print paper (including junk mail)
- Plastic cups (depending on plastic number)
- Aluminium, steel, tin cans
- Plastic bottles and caps
- Detergent/soap bottles(clean)
- Juice/milk cartons
- Jar lids, metal caps
- Spray cans, dink cans
- Toilet paper/kitchen rolls
- Yoghurt containers
- Clean aluminium foil
- Clean plastic bags

What can be recycled – specific to dental clinics

- autoclave bags
- Most wipe packaging
- Barrier shields (light cure shields etc – if not soiled with blood)
- Glove, anaesthetic, materials boxes (unless made out of unrecyclable plastic)
- Disposable patient trays (if made out of recyclable plastic)

What does recyclable mean?

- A "recyclable" item means it is entirely new, does not contain any recycled material, and simply has the potential to be recycled.
- For truly green products, look for the "recycled" material label, which will usually also state what percentage of the material is recycled content.
- For plastics, pay attention to the number on the bottom of the item. If it says number "1" it is commonly recyclable but number "3,6,7" plastics are rarely recyclable and probably end up right back in the landfill forever.

Major dental clinic saga – single use rinsing cups

- Plastic cups- not all types of plastic are recyclable
- Paper cups – difficult to recycle if they have a plastic lining
- Styrofoam – difficult to recycle

What cannot be recycled

- Paper with metallic glittery or velvety accents
- Soft plastic packaging (chip packets, salad bags, some plastic bags)
- Light bulbs
- Food contaminated containers
- Receipts on thermal paper
- Anything smaller than a sticky note

What cannot be recycled – specific to dental clinics

- Microbrushes
- Amalgam/GIC capsules
- Composite syringes or compules (black plastic is not recyclable)
- Look for the recyclable sign on packaging!

Continues on page 32.

REDUCE. REUSE. RECYCLE. IN PRACTICE

Continues from page 31.

- EU has committed to stop the use of 10 single-use plastic products most often found on Europe's beaches and seas, as well as lost and abandoned fishing gear.
- Together these constitute 70% of all marine litter items
- The ban will apply to plastic cotton buds, cutlery, plates, straws, drink stirrers and sticks for balloons- all have to be made exclusively from more sustainable materials instead.
- Single-use drinks containers made with plastic will only be allowed on the market if their caps and lids remain attached.

EU will be also introducing:

- Consumption reduction targets for to reducing the use of plastic food containers and drinks cups
- Obligations for producers
- Collection targets
- Labelling Requirements
- Awareness raising measures

What you can do as a consumer:

- Don't accept single-use plastic items. Just say "no thanks" to plastic bags, cups, straws, plates, etc. It has been documented that a person uses a plastic bag on average for only 12 minutes before throwing it away.
- Bring reusable silverware, shopping bags, and paper straws with you!
- Carry a reusable drink bottle e.g. stainless steel
- Use reusable packaging for lunch sandwich or salad.

What you can do as a consumer:

- Don't buy products and groceries over packaged. Purchase fresh fruits and vegetables whole, not wrapped or packaged.
- Ask for takeout food in aluminium foil or wax paper.
- Use paper or reusable coffee filters. Avoid individual disposable coffee pods made from plastic.
- Support the elimination of plastic polyethylene microbeads in personal care products. These can be found in a variety of soaps, exfoliating scrubs and other personal care products including toothpaste.

Special note

- Plastic bottle caps can be recycled separately and passed on to entities/schools who collect them (list available online on the GreenPak website) for the bottle cap collection initiative which donates funds to MCCF - Nirrićikla Għall-Istrina



WEARING BRACES?

YOUR ORAL HYGIENE REQUIRES SPECIAL ATTENTION

ORTHODONTIC APPLIANCES MAKE CONVENTIONAL ORAL HYGIENE PROCEDURES MORE DIFFICULT SO YOU CAN BE AT A HIGHER RISK OF OF GUM AND DENTAL PROBLEMS

Plaque build-up



LEVELS 2 TO 3 TIMES HIGHER IN BRACE WEARERS

White spots on teeth



ONE-THIRD OF BRACE WEARERS HAS NEW WHITE SPOTS VISIBLE AFTER THE BRACES ARE REMOVED

Gum inflammation



INCREASED GROWTH OF HARMFUL BACTERIA INCREASED RISK OF DEVELOPING GINGIVITIS

Tooth decay



FASTER TOOTH DECAY FORMATION IN BRACE WEARERS

Painful lesions



THE MOST COMMON AND BOTHERSOME PROBLEMS IN BRACE WEARERS



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DAM IVOCLAIR VIVADENT COURSE IN LICHTENSTEIN

A CAD CAM UPDATE

By Dr Tatiana Repetto Bauckage

DDS(Pe)(Es)Manager Global Clinical Educator Europe, Turkey and Latin America

Summarised by Dr David Muscat

The IPS e max system has evolved. It has everything for chairside CAD/CAM restorations. These are innovative and co-ordinated products.

THE IPS EMPRESS CAD LEUCITE GLASS CERAMICS

These have a chameleon effect. There is a high level of esthetics. They are easily polished. There is the IPS Empress CAD multi block which has a transition of shades from dentine to enamel and fluoresces. Once ground, you can polish or stain and glaze

1. you can use the finishing paste F for pre polishing with water cooling
2. then you can use the finisher P with water cooling
3. Then you can use diamond polishing paste with a nylon brush for high gloss polishing.

Using finishers enhances the stability of IPS Empress CAD.

THE IPS EMAX CAD LS2 LITHIUM DISILICATE

This is best selling with a high strength of 530MPa

TELIO CAD

These are cross linked PMMA blocks for the efficient fabrication of long term temporaries. They have a smooth surface that can be quickly and efficiently polished. This is used for temporary crowns and bridges with up to two connected pontics, and for implant supported temporary hybrid abutment crowns.

Once milled, restorations are polished using Optrapol. With the block concept there are three block sizes.

With Teliocad you have:

1. Homogenous and stable reliable process
2. Shade stability/lifelike
3. Very good polishability .

THE IPS E MAX SHADE NAVIGATION APP

Five steps to right colour and translucency. One needs to input the shade indication, the die shade, layer thickness and material.

The outcome is a recommendation of shade and translucency.

THE IPS E MAX PRESS

The original patented lithium disilicate ingots designed for press technology with 470 Mpa.

THE IPS E MAX ZIRCONIUM OXIDE CERAMICS ZRO2

Involve a quick sintering process which allows monolithic and esthetic zirconium oxide restorations made in the surgery. A flexural strength of 1200MPa. This is used for crowns and 3 unit bridges. There are two block sizes. It has a low translucency and there are 8 shades.

THE IPS E MAX ZR CAD

Monolithic anterior crowns-incisal/occlusal at least 0.8mm. reduce labial and/or lingual area and in cervical area by at least 0.8mm. Monolithic posterior crowns-occlusal reduction of at least 1mm. Reduction in the vestibular or lingual area and in the cervical area by at least 1mm.

IMPORTANT

When veneering IPS emax ZrCAD MT crowns using the cutback techniques, the tooth structure has to be reduced by another 1mm in the area of the intended veneer. 📌

IPS e.max ZirCAD Prime: redefining zirconia

Ivoclar Vivadent presents a highly esthetic zirconium oxide in a "one-disc solution" for dental laboratories

Only few brands have actually managed to revolutionize the dental market. IPS e.max is one of them. Now, Ivoclar Vivadent launches IPS e.max ZirCAD Prime, a material that is redefining zirconia.

Is there a disc that features high-strength and high esthetics? A disc suitable to faithfully reproduce the seamless progression of natural dentition? A disc with a broad range of indication?

Yes, there is a disc that fulfills the requirements of state-of-the-art all-ceramic restorations: IPS e.max ZirCAD Prime from Ivoclar Vivadent.

GRADIENT TECHNOLOGY (GT) IS THE SECRET

IPS e.max ZirCAD Prime complements the current zirconia portfolio of the successful and most-sold all-ceramic system in the

world and is based on an all-new type of manufacturing technique.

The Gradient Technology (GT) is the heart of the new material, combining three innovative processing steps in one product.

Ingenious powder conditioning of the raw materials 3Y-TZP and 5Y-TZP, innovative filling technology and top-quality manufacturing allow for highly esthetic results to be achieved with outstanding accuracy of fit.

The sintering times among other things have also been streamlined to, for example, 2 h 26 min for single crowns in the Programat S1 1600.

A NEW ERA IN ZIRCONIA TECHNOLOGY

Unlike the Multi zirconium oxide disc, the IPS e.max ZirCAD Prime disc is not built up with layers. A continuous, seamless progression of the shade and translucency and optimized translucent properties ensure high-end esthetics.



IPS e.max ZirCAD Prime – redefining zirconia.

The new disc is setting new benchmarks in the esthetic appearance of zirconium oxide, irrespective of whether the monolithic, cut-back or veneering technique is used. IPS e.max ZirCAD Prime covers a wide array of indications – ranging from single tooth crowns to 14-unit bridges.

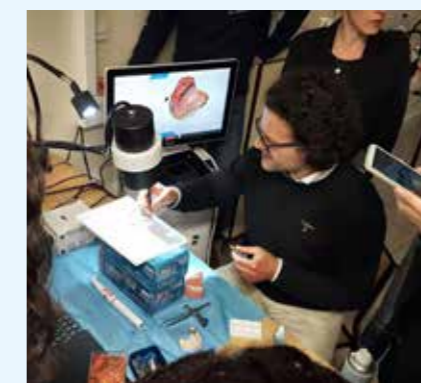
The material features a biaxial flexural strength of 1,200 MPa (dentin) and a fracture toughness of > 5 MPa · m^{1/2} (dentin). IPS e.max ZirCAD Prime is available in 16 A-D shades and 4 BL shades and is compatible with the IPS e.max system. 📌

IPS e.max® and Programat® are registered trademarks of Ivoclar Vivadent AG.



Dr Strojek (right) with Head of DESUORE Dr Christian Pignoly and Jean Yves Ciers from Ivoclar France

As the digital revolution is taking hold of the dental world, dental practices and laboratories must embrace it to thrive. The perfect opportunity to jump on the digital wagon presented itself in the sunny but windswept area of Provence. Dr Piotr Strojek, who practices at St James Hospital, Sliema, was invited to lecture and run a hands-on course on CAD/CAM technologies at Dental Faculty of the University of Marseille. Postgraduate students of the Aesthetic & Restorative programmes were introduced to full chairside digital protocols enabling the efficient design and manufacture of customised ceramic restorations with high accuracy and within a short period of time. A numerous collection of cases carried out since 2013 when Dr Strojek began his work with the CAD system allowed students to experience traditional craftsmanship side by side with digital workflows. Practical tips were demonstrated on the latest CEREC Primescan AC one of the first units in France. Dr Strojek is already working on similar educational programmes back home in Malta.



PAYMENT FORM

Please cut out this section and send with a cheque for 50 euro payable to **Dental Association of Malta** for your 2019 DAM membership – the best 50 euro investment ever!

TO:

The Treasurer, Dr Noel Manche,
The Dental Association Of Malta,
Federation Of Professional Associations,
Sliema Road,
Gzira.

NAME: _____

ADDRESS: _____

VACANCIES – DENTISTRY CLINIC

Our client, a **DENTISTRY CLINIC** in Malta forming part of an international franchise, is looking to fulfil the following positions within its practice:

i) Prosthodontist Generalist Dentist

Preference shall be given to dentists holding a specialization in endodontics and surgeries, who hold experience on natural teeth, removable prosthesis, implantoprosthesis and mobile prosthesis.

The services of the dentist will be required on a full time basis.

ii) Implantologist Doctor

The candidate must be knowledgeable of developing and implementing a comprehensive treatment plan for implant surgery and subsequent implant replacement with a demonstrable experience.

Furthermore, the candidate must have experience in oral surgery.

The services of the dentist will be required for an average of 16 to 21 hours per week.

iii) Dentist Assistants

Preference will be given to candidates having at least 2 years of experience working in the same field, with special reference to the provision of assistance during surgery interventions and implant surgery. Furthermore, the candidates must have a very good knowledge of the procedures related to the sterilization of equipment, management of a dentistry clinic, including the acquisition of dentistry supplies.

The post is being offered on a full time basis.

All candidates should demonstrate certain capabilities, including being able to motivate patients to take care of their oral hygiene, have excellent communication skills, show empathy with clients and be capable of working in a team.

Interested Candidates should send their CVs to the following email address: info@prturner.com.mt.

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THE INVISALIGN STUDY CLUB MALTA

CROWDING CASES AND CLINCHECK MANAGEMENT

By Dr Demetrios Papegeoriou, Clinical Advisor
Corinthia Marina Hotel, St Julian's 30/03/2019
Organized and represented by Page Technology
Summarised by Dr David Muscat

Invisalign is a type of Orthodontic treatment based on an algorithm. Impressions are taken in a special appliance and this is then scanned. The laboratory will send you a series of transparent tight, well fitting appliances which your patient will wear over a set period of time. The dentist may need to gain space by carrying out interproximal stripping and may need to bond on composite attachments so as to apply pressure to certain teeth and also so as to allow for the use of elastics if indicated. The dentist is ultimately responsible for the treatment. The laboratory will supply the appliances based on what you ask for so one must be very clear, brief and precise in communication with the technician. Comments must be bulleted. With 3D controls changes are automatically generated into comments.

Invisalign is described as an aesthetic treatment with less time, pain and emergencies involved. It allows for an overall shorter treatment, minimal chair time and a visualisation of the final result. Customisation is the key word. The system is expensive but one does not have to wear bands and brackets. Of course to work the appliances have to be worn and so one has to choose ones patients carefully as there is a commitment, both financially and time-wise. The appliances need to be removed to eat and say drink coffee and one has to clean ones teeth each time and then wear again. After completion of treatment one must wear retainers indefinitely. This must be explained at the onset. The cost and payment schedule must be outlined. Appliances may be removed for short periods of time but worn for no less than 18 hours a day.



The Itero standard Scanner can be used to help in diagnosis and this was demonstrated at the course. Invisalign is now being promoted as a first orthodontic treatment for children. There is an eruption compensation algorithm and predictable arch expansion. Various case scenarios in children were described with cases such as Class 2 Div 1, Class 2 Div 2 and Class 3 cases. In addition a difficult case of an anterior open bite was also demonstrated and this was treated very successfully with this system by the speaker as demonstrated by his excellent photographs. He guided the audience as to how he used the system of Invisalign to achieve the desired result. Various tips were given by this seasoned orthodontist.

Invisalign can also be used for mandibular advancement and as such can be used as a functional appliance.



When one receives the Clincheck back from the lab one must always check initial occlusion, the comment tab, the desired final position, whether the models and photos tally. Tooth morphology must also be checked- in case of distortions with impressions such as in the incisor area, check the final tooth positions. The animation tooth bar and staging tabs are very important for the dentist to use in his interaction with the lab. Different types of attachments were described such as optimised (which you cannot change as these are mandatory) and conventional.

An evaluation of the Clincheck treatment plan was covered as well as patient monitoring. Smartforce and the Clincheck software features, refinements and patient selection were described.



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THE BOTISS EVENT BY BART ENTERPRISES

Radisson, St Julian's 23/10/18

Dr Alfonso Caiazzo presented this course which featured the use and versatility of Botiss biomaterials. Its use in achieving a good aesthetic result in a range of clinical situations including preservation of the socket and horizontal and vertical bone augmentation was demonstrated. The scientific and clinical evidence was discussed.

Dr Caiazzo is a visiting assistant clinical instructor of Oral and Maxillo Facial surgery at the Henry Goldman School of Medicine (Boston University) and vice President of the Italian academy of Osteointegration.



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