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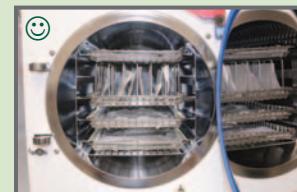
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How Effective are Your Heat Sterilization Devices and Techniques?

Gordon's Clinical Bottom Line: Sterilizing instruments is a mandatory, but time consuming task. In the past, most dentists have purchased a sterilizer when starting practice and used it until it was no longer functional. However, there are numerous sterilizer innovations, such as faster cycles, easier use, and computerization that have been introduced over the past few years that may interest you in getting an improved sterilizer in your office. *In this report, CR scientists and clinicians compare current popular sterilizers and make suggestions for you relative to the best sterilizer concept for your practice.*

- The majority of dental offices today regularly use steam heat (*autoclave*) sterilization.
- Additional types of heat sterilization, such as dry heat and chemical vapor, are also available, but much less commonly used.
- Varying levels of kill exist, dependent upon sterilization devices themselves and also differing proficiency among dental office staff.
- Optimizing sterilization technique helps maintain effective sterilization and thus increases patient and staff safety.
- Improved mechanical and digital technologies have made newer sterilizers more reliable and convenient.



Overfilling trays/cassettes is a common mistake and decreases effectiveness of sterilizers

This article provides up-to-date information on sterilizer use today, including: CR survey results on sterilizers being used; information on some popular autoclave sterilizers with a comparison of features and performance; clinical tips on general sterilizer use; and CR Conclusions.

Continued on page 2

First Look: A Lower Cost Option for In-Office Scanning and CAD/CAM

Gordon's Clinical Bottom Line: About 6% of American dentists are routinely scanning preps and milling restorations in-office, and a significantly growing percentage are scanning only, then sending the digital impression file to the lab for restoration design and milling. The improved True Definition scanner is being paired with a simple milling machine to provide a much lower cost CAD/CAM concept. *CR scientists and clinicians have evaluated the features and performance of this new system.*

As CAD/CAM dentistry has expanded, an increasing number of digital scanners, software suites, and mills are utilizing "open architecture" files that can be shared among components from different manufacturers. This open structure allows clinical flexibility based on restoration needs- from digital impressions being sent to the lab, or designing and milling restorations in-office. CR has evaluated a OneVisit combination from Benco Dental Supply consisting of the True Definition scanner and TS150 mill with FastDesign software. Priced around \$75,000, this in-office CAD/CAM solution is significantly less expensive than other existing systems on the market.

This report provides a summary of the advantages and limitations of the Benco CAD/CAM system and its major components.



The TS150 mill producing a restoration from a block of Lava Ultimate

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Aphthous Ulcers and Herpes Labialis: Diagnosis and Treatment

Gordon's Clinical Bottom Line: Can you differentiate these two disease conditions? Are you satisfied with your diagnostic skills and with the treatment you are providing? Both conditions are frustrating and painful for many of your patients and there are numerous medications on the market, each claiming to be the best. *For this project, CR has been fortunate to have the help of experts in oral medicine to guide CR staff investigations. The result is a simple diagnostic regimen and identification of the best treatments.*

Every dental practitioner, despite specialty, is confronted with patients who have painful oral and extra-oral lesions and need and demand treatment. The two most common lesions are aphthous ulcers and recurrent herpetic lesions (*cold sores*). Do you know the difference in diagnosis, causes, and treatment? **This report by CR dentists and noted oral pathologists will give you a succinct reference for everyday practice.**



Aphthous ulcers in varying stages

Continued on page 4

Products Rated Highly by Evaluators in CR Clinical Trials

The following products were rated excellent or good by CR Evaluator use and science evaluations.

Continued on page 6

Edgefill & Edgefile: Gutta-percha on plastic obturator and flexible high-strength NiTi endo file

Eledent (Unidesa-ODI): Low cost, esthetic, acrylic denture teeth

Twist Polishing Kit: High-gloss polishing disks with dual layered, off-set fins

Inspire Esthetic Provisional

Composite: Esthetic, strong provisional material

How Effective are Your Heat Sterilization Devices and Techniques? (Continued from page 1)

CR Survey Results: Heat Sterilizers (n=1044)

- Most-used type:** 77% conventional steam heat (*autoclave*), 15% cassette-type autoclave, 5% chemical vapor, 2% dry heat
- Popular manufacturers:** 42% Midmark, 19% SciCan, 16% Tuttnauer, 8% Pelton & Crane (*discontinued*), 3% Barnstead-Harvey (*discontinued*), 3% W&H
- Satisfied with current sterilizer:** 95% Yes, 5% No
- Years of use of current sterilizer:** 38% 5–9 years, 32% 0–4 years, 19% 10–14 years, 6% 15–19 years, 5% more than 20 years
- Cycles per day of sterilizer use:** 33% 3–4, 28% 5–6, 11% 7–8, 11% 1–2, 10% 9–10, 6% 11–20
- Type of pouches or wrap used (multiple responses possible):** 90% disposable self-seal pouches, 25% instrument and cassette wrap with tape, 7% none, 2% reusable pouches
- Water used for autoclave:** 67% store-bought distilled water, 21% in-office steam distilled water, 8% filtered, deionized, or purified tap water (*not recommended*)
- Pre-sterilization instrument cleaning procedures (multiple responses possible):** 91% ultrasonic cleaner, 52% wash or scrub by hand (*risk of exposure to pathogens*), 12% instrument washer/disinfector

- Instrument-drying technique used (multiple responses possible):** 79% dry cycle of sterilizer, 34% open air, 5% drying rack or towel with fan, 3% separate dryer unit
- Monitoring used (multiple responses possible):** 87% biological indicators (*spore test*), 48% indicator on disposable sterilization pouches/tape, 16% chemical indicator strips
- Frequency of biological indicator use (spore test):** 65% weekly, 19% monthly, 7% daily, 5% every other week, 3% 2–3 times per week

Summary of survey results

- Steam heat (*autoclave*) continues to be the most popular heat sterilization method.
- Midmark, SciCan, and Tuttnauer are the most commonly used heat sterilizer manufacturers.
- Nearly all clinicians are satisfied with their current sterilizer.
- Only 75% of dental offices are adhering to CDC guideline of using biological indicator monitoring (*spore test*) **at least** weekly.

Popular Sterilizers Currently Available

The CR Science team recently compared features and performance of select popular proven steam heat autoclave sterilizers currently available. Additional brands from various manufacturers are also available (*see survey results above*).

Product, Manufacturer	M11 UltraClave, Midmark	STATIM 5000 G4, SciCan	EZ11Plus, Tuttnauer
Photo			
Cost	\$7,830	\$7,160	\$7,058 (<i>printer optional</i>)
Chamber Volume	Large (1,710 in ³)	Small (315 in ³)	Large (1,882 in ³)
Time to arrive at proper temperature and pressure (per CR testing)	21 minutes	12 minutes	22 minutes
* Sterilization Holding Time (pouches)	5 minutes	6 minutes	4 minutes
† Total Sterilization Cycle Time (pouches)	26 minutes	18 minutes	26 minutes
Effective Sterilization (48-hour spore test)	Excellent	Excellent	Excellent
Ease of Use	Excellent-Good	Excellent	Excellent-Good
Special Features	<ul style="list-style-type: none"> Automatic opening door at cycle end Pulse-Air-Removal Technology Includes printer 	<ul style="list-style-type: none"> Removable cassette Internet connection to easily store all cycle data Touchscreen interface 	<ul style="list-style-type: none"> Temperature and pressure data record available for USB download or printing Top/front water filling options
Overall Rating	Excellent	Excellent	Excellent

* Per CR survey results, instruments most commonly placed in disposable sterilization pouches; sterilization time can vary based on choice to wrap

† Does not include post-sterilization drying time; more or less drying time may be required depending on load size

Clinical Tips

- Biological indicators (spore test) are the most accepted and proven way to evaluate sterilization.** Chemical indicators and temperature/pressure-indicating tape on pouches and wraps are an indication of potential problems. Disinfecting instruments still leaves some viable organisms.
- Prions (e.g., mad cow disease)** are highly resistant to moist heat and research shows inactivation of these contaminants by heat sterilization is very unlikely at this point. Consult with local health authorities for recommended practices if prions pose a serious threat in your area.
- Overfilling sterilizers is a major problem today.** Overfilling leads to incomplete sterilization and drying of instruments which could lead to infection control issues and corrosion, respectively.
- Dry heat or chemical vapor heat sterilizers can be useful (although less efficient)** for instruments and handpieces that cannot tolerate water penetration conditions of autoclaves (e.g., glassware, corrosive metals). Example manufacturers: CPAC, Dentronix, Steri-Dent, etc.
- When possible, **avoid purchasing temperature-sensitive instruments** (e.g., hinged instruments, select polymers) as all instruments and handpieces should be heat sterilized. Temperature-sensitive instruments should be treated with a high-level disinfectant after each use (*see Clinicians Report March 2015*).
- Multiple sterilizers per office can be advantageous and save time.** Many dentists have one large-volume sterilizer and one small cassette-type sterilizer for different in-office infection control needs. An additional advantage to more than one unit is that if one fails, you have a back-up.

How Effective are Your Heat Sterilization Devices and Techniques? (Continued from page 2)

Recommended technique for heat sterilization:

1. Pre-sterilization

- a. Wearing CDC-recommended clothing and gloves, clean instruments of visible debris using hand washing (*risk of exposure to pathogens*) and/or mechanical instrument washer/disinfector. If ultrasonic cleaning is used, change solution at least daily and ensure closure of unit lid during use.
- b. If bagging instruments (e.g., *disposable self-seal pouches*), do not overfill bag. **Do not overfill the sterilizer**, allowing for effective steam heat distribution and instrument drying to occur.
- c. 3-level monitoring per CDC guidelines (*for more information, see www.cliniciansreport.org → Complimentary Information → Infection Control*):
 - i. Use chemical indicators (*temperature-sensitive ink*) within each package (e.g., *Sure-Check* from Crosstex, *PeelVue+* from Dux Dental). If not visible from the outside, place a second indicator on the outside of the package.
 - ii. Use mechanical monitors (*timer, temperature, and pressure*) for each load (*included with popular sterilizers*). **Record results**.
 - iii. Use biological monitors (*spore strips*) **at least weekly** to ensure the effectiveness of the sterilization process. Either in-office services (e.g., *Attest* from 3M ESPE, *Ensure* from SciCan) or mail-in services (e.g., *MaxiTest* from Henry Schein, *Biological Monitoring System* from Crosstex) are available. **Record results after 24-hr/48-hr culture growth evaluation is complete**.
- d. Ensure sterilizer has adequate distilled water supply to function properly.

2. Sterilization: Follow manufacturer instructions

3. Post-sterilization

- a. Ensure cycle is complete and record monitoring results (*biological monitoring pending*). **Do NOT use instruments if monitoring reveals inadequate processing (re-package and re-run the batch). Make sure sterilizer is fit for use before using again**.
- b. Remove instruments from sterilizer and add drying time to remove moisture if still present. Completely dry before storing.
- c. Clean sterilization unit daily and perform periodic maintenance, according to manufacturer instructions.

CR Conclusions:

Steam heat (*autoclave*) continues to be the most popular sterilization method. The recommended 3-level monitoring per CDC guidelines currently provides best assurance of sterility. Overfilling of sterilizers continues to be a major problem, interfering with both instrument sterilization and drying. Owning multiple sterilizers can save considerable time and provide added flexibility. Newer mechanical and digital technologies make sterilizers more reliable and convenient, and provide easier monitoring and recordkeeping.

First Look: A Lower Cost Option for In-Office Scanning and CAD/CAM (Continued from page 1)

Features and Performance

Scanner

True Definition scanner handpiece is small and lightweight, has lower initial cost, and is improved since CR's last evaluation (*see Clinicians Report March 2014*). Handpiece can now rest on teeth during scan which improves intraoral access, stability, and speed. A light coat of contrast powder on prep area is necessary for best results. Flexible use allows digital impressions to be sent to lab for single- or multi-unit restorations made from any material, or chairside design and milling of single-unit restorations. Monthly data plan costs \$199. As with all scanners, well-defined margins, dry field, and excellent tissue management are imperative for clinically useful digital impressions.



True Definition scanner (3M ESPE)

Design Software

FastDesign software is fast, easy to use, and produces excellent restoration designs that require minimal refinement. Software follows a logical progression of steps and has intuitive icons and tools. In-office design software and mill are for single-unit restorations only, which constitute the majority of indirect restorations.



TS150 mill and FastDesign software (IOS Technologies)

Mill

TS150 mill uses a single air-turbine rotor with diamond bur to mill restoration from a block of material. Touchscreen panel with prompts guide operator through mill operation. Full molar crowns were milled in times from 8 to 16 minutes depending on material and size.



Various materials can be milled

Materials

Materials currently available for the TS150 mill are:

- Lava Ultimate (3M ESPE) nano ceramic: milled and seated immediately
- Obsidian (GlideWell Laboratories) lithium silicate esthetic ceramic: requires post-mill heat processing
- Vita Enamic (Vita) hybrid dental ceramic: milled and seated immediately

Additional materials are being configured for the mill and will be available in the future.

CR Conclusions:

The Benco CAD/CAM system is clinically successful and easy to use. Flexibility of True Definition scanner permits a variety of digital workflows, including digital impressions sent to lab for fabrication of single- or multi-unit restorations, and chairside design and milling of single-unit restorations. Additional material choices will be available in the future as they are configured for the mill. The relatively low cost of this system makes CAD/CAM dentistry accessible to more clinicians as this technology continues to advance.

Aphthous Ulcers and Herpes Labialis: Diagnosis and Treatment (Continued from page 1)

Comparison of Symptoms and Treatments

	Aphthous Ulcers (<i>canker sores</i>)	Herpes Labialis (<i>cold sores</i>)
Appearance	Typically small round/ovoid white /gray areas surrounded by edematous halos- about 2–4 mm in size.	Start as tiny fluid filled blisters which coalesce and break open and then crust over before healing without scarring.
Areas of Occurrence	• On <i>intraoral non-keratinized mobile mucosa</i> (<i>lips, cheeks, floor of mouth, soft palate, ventral surface of the tongue</i>)	<ul style="list-style-type: none"> • Mainly found on or outside of lips, <i>outside of mouth</i>. • Stages of Occurrence <ul style="list-style-type: none"> – Prodromal: an itching, burning or “tingling” sensation around the lips before clinically apparent – Blisters: Appear at outside margins of lips and can occur around nose and cheeks – Oozing and crusting: small blisters merge, burst, and ooze fluid then crust over – Blisters tend to reoccur at the same site
Causes	<ul style="list-style-type: none"> • No one cause • Predisposing factors: stress (<i>exacerbated during school exams</i>) • Endocrine (<i>clearly related to progestogen fall in menstrual cycle</i>) • Trauma (<i>biting cheeks, ill-fitting dentures</i>) • Some food allergies <i>may</i> initiate ulcer formation • Sodium lauryl sulfate (<i>foaming agent in many toothpastes</i>) • Smoking 	<ul style="list-style-type: none"> • HSV-1 virus: Closely related to HSV-2 virus (<i>cause of genital herpes</i>) • Triggers for occurrence: <ul style="list-style-type: none"> – Exposure to sunlight or wind – Viral infections – Hormonal changes (<i>menstruation</i>) – Stress – Fatigue
Epidemiology	<ul style="list-style-type: none"> • Affects 2/3 of population • Are <i>not</i> contagious • Typically starts in adolescence • Affects all races • Slight predominance of females 	<ul style="list-style-type: none"> • Approximately 90% of population test positive for HSV-1 and HSV-2 viruses, even if symptoms never appeared • Are contagious at all times, but especially when blisters break open • Usually primary infection before 5 years of age, usually sub-clinical (<i>child may appear irritable and have slight fever</i>) • Some primary cases can be severe and include: high fever, painful eroded gingiva, sore throat, headache, muscle aches, swollen lymph nodes
Complications	<ul style="list-style-type: none"> • Typically none; lesions heal without scarring • Frequent, multiple lesions could affect eating and nutrition <ul style="list-style-type: none"> – Such severe aphthous ulcers in infants may require hospitalization with IV fluid maintenance 	<ul style="list-style-type: none"> • Lesions can spread to other parts of body: to fingers (<i>herpetic whitlow</i>) by children sucking fingers or to dentists through torn gloves • Can spread to eyes, cause scarring, and impair vision • In rare cases, can spread over wide areas of body (<i>eczema</i>) • HSV-1 and HSV-2 viruses are closely related and can be spread by oral sex
Treatment	<p>Mainly palliative:</p> <ul style="list-style-type: none"> • Topical anesthetics (<i>Benzocaine, OTC</i>) • Topical corticosteroids (<i>TCs</i>) relieve painful symptoms but do not reduce rate of recurrence <ul style="list-style-type: none"> – Hydrocortisone does not cause adrenal suppression – Betamethasone, clobetasol, fluticasone are more potent, but have greater possibility of adrenal suppression and predispose to candidiasis – Cautery with topical silver nitrate (<i>topical anesthesia first</i>) • Debacterol: Professionally applied combination of sulfonated phenolics and sulfuric acid in aqueous base. Denatures tissue and is said to offer rapid pain relief. • Low Level Laser Treatment (<i>LLLT</i>) 0.5 to 5 milliwatts with uninitiated tip held 2–3 mm from lesion for 20–30 seconds in prodromal stage is said to lessen severity and healing time of lesion 	<p>Do not use steroids</p> <ul style="list-style-type: none"> • OTC Treatment: <ul style="list-style-type: none"> – Docosanol (<i>Abreva</i>) – Topical anesthetics (<i>Lidocaine/benzocaine</i>) – Lip balms or cream – Propolis: synthetic beeswax 3% ointment • In-Office: <ul style="list-style-type: none"> – Viroxyn, non-prescription (<i>only available in dental office</i>) – Low Level Laser Treatment (<i>LLLT</i>) 0.5 to 5 milliwatts with uninitiated tip held 2–3 mm from lesion (<i>NOT in contact</i>) when used in prodromal stage is said to reduce severity and healing time of lesion • Prescription: <ul style="list-style-type: none"> – Acyclovir (<i>Zovirax</i>): tablets or cream/ointment – Valacyclovir (<i>Valtrex</i>): tablets or cream/ointment – Penciclovir (<i>Denavir</i>): tablets or cream • Alternative Treatments: stress reduction, cold compresses, etc.

Aphthous ulcers (*canker sores*)Aphthous ulcers (*canker sores*)Herpes labialis (*cold sore*)Herpes labialis (*cold sore*)

Clinical Tips

• Aphthous Ulcers (*canker sores*):

- L-Lysine (1000mg/day with increase to 3000mg/day at first prodromal sign) may decrease number and severity of occurrence of ulcers.
- In many cases, patients may find relief by switching to toothpaste without sodium lauryl sulfate (*Tom's of Maine, Biotene, Jason's Sea Fresh, etc.*).
- Patient's with chronic ulcer outbreaks should record what foods they ate 2–3 days prior to each outbreak to determine if there is a pattern.

Begin all treatments at earliest prodromal stages.

• Herpes Labialis (*cold sores*):

- Topical gels or creams (*Zovirax, Denavir, etc.*) are typically not covered by insurance. (*Pharmacy may charge \$400–\$800 for 30g tube.*) Tablet form (200mg 5 times a day) is more affordable.
- Postpone treatment of patients with active cold sore outbreaks to prevent transmission to dentist or auxiliaries.

CR Conclusions:

While they are not usually serious problems, aphthous ulcers and cold sores are very common and painful. It is advisable to educate your patients on the early (*prodromal*) signs as very early treatment can lessen the severity and duration of the episode. Diagnostic differences are important in order to properly advise your patients on proper medications and treatment.

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Earn 1 Credit Hour for successfully completing each month's test. Tests are available at www.CliniciansReport.org. This is a self-instructional program.

At the completion of this test, participants should be able to:

- Evaluate their current heat sterilizer and sterilization techniques for potential improvement
- Discuss the advantages and limitations of the Benco in-office scanning and CAD/CAM system
- Diagnose and treat aphthous ulcers and herpes labialis

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CE Self-Instruction Test—August 2015 Check the box next to the most correct answer

1. According to a recent CR survey on sterilizer use, which of the following is *false*?
 - A. 60% use biological indicators at least weekly (*CDC guideline*).
 - B. 52% wash or scrub instruments by hand before heat sterilization.
 - C. Most run an average of 3–4 sterilizer cycles per day.
 - D. Autoclave is currently most popular sterilization method.
2. Which of the following statements is *true* concerning CR recommendations for sterilizer use?
 - A. Sterilizers can be filled as full as you want—no problem.
 - B. CDC recommends 4 levels of monitoring for sterilization assurance.
 - C. Dry heat sterilizers have no place in today's dental office.
 - D. Temperature-sensitive materials should not be heat sterilized, rather treated with high-level disinfectant.
3. Which statement regarding CAD/CAM dentistry is *false*?
 - A. In-office CAD/CAM dentistry is routinely used by only a small percentage of American dentists.
 - B. Well-defined margins and tissue management are not critical when using scanners.
 - C. The Benco system uses a combination of components from different manufacturers.
 - D. Digital impressions (*scans*) can be used in-office with design software and a mill, or sent to a lab for restoration fabrication.
4. Which statement about the Benco system is *true*?
 - A. The TS150 mill can use any material desired.
 - B. The FastDesign software is tedious and difficult to use.
 - C. The Benco OneVisit system is clinically useful and costs less than other in-office CAD/CAM systems.
 - D. The True Definition intraoral scanner is bulky and slow.
5. Possible causes of aphthous ulcers (*canker sores*) include:
 - A. Staph bacteria
 - B. HSV-1 virus
 - C. Stress
 - D. All of the above
6. Herpes labialis (*cold sores*):
 - A. Can only be spread when blisters are present.
 - B. Can potentially cause infections anywhere on the body.
 - C. Occur primarily intraorally on mucosa.
 - D. Respond well to steroid ointments.
7. Edgefill and Edgefile are:
 - A. Endodontic NiTi files and obturators sold directly.
 - B. Endodontic NiTi files and obturators that are compatible with other systems and techniques.
 - C. Endodontic NiTi files and obturators that are high quality and low cost.
 - D. All of the above
8. Eledent Unidesa-ODI are:
 - A. Ceramic denture teeth with excellent cost.
 - B. Low cost durable acrylic denture teeth.
 - C. Acrylic denture teeth with one shape and anatomy only.
 - D. Acrylic denture teeth with one universal shade to reduce cost.
9. Twist Polishing Kit has:
 - A. Fins on a disk to aid access of hard to reach anatomy.
 - B. Two grits with each grit available in two finned-disk sizes.
 - C. Both A and B
 - D. Neither A nor B
10. Inspire Esthetic Provisional Composite is:
 - A. Bis-acryl resin with fast set, chip-free adjustment, and easy finish/polish.
 - B. Light-cured composite provisional material with command set.
 - C. Urethane provisional material with flexibility for strength.
 - D. Provisional cement with excellent retention and easy removal.

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Products Rated Highly by Evaluators in CR Clinical Trials (Continued from page 1)

Gutta-percha on Plastic Obturator and Flexible High-Strength NiTi Endo File both with Excellent Cost

Edgefill & Edgefile

Edge Endo



\$24/6-pack of Edgefill

\$25/6-pack of Edgefile

Edgefill are thermal obturators priced to allow practitioners to incorporate this endodontic technique without lowering margin. Dentists who use obturators can seamlessly incorporate these precision radiopaque obturators at half the cost.

Edgefile are high quality heat-treated NiTi endo files that have enhanced strength for durability, flexibility, and impressive low price due to direct sell to dental professionals. Files are designed to work interchangeably with most major endodontic systems and techniques.

Advantages:

- Both files and obturators have low cost
- Files are flexible, strong, and cut well
- Obturators are easy to use
- Both files and obturators are compatible with other systems

Limitation:

- Occasionally file would grab and pull apically

CR Conclusions: 95% of 21 CR Evaluators stated they would incorporate Edgefile into their practice; 80% would incorporate Edgefill. 95% rated them excellent or good and worthy of trial by colleagues.

Low Cost, Esthetic Acrylic Denture Teeth

Eledent (Unidesa-ODI)

Uhler Dental Supply



\$15/ Set (*lab price*)

Natural looking, low cost acrylic denture teeth with the following features: a) reinforced for strength measured by CR to be similar to premium-priced acrylic systems; b) 3-layered, 17 shades, and fluorescent for esthetics; c) teeth for four face shapes (*square, square-tapering, oval, and triangular*); and d) 10 occlusion articulations. In addition to use for new dentures, **clinicians find them useful for denture repair and replacement of tooth when original denture tooth falls out.**

Advantages:

- Excellent price
- Anatomical shapes
- Natural shades and esthetics
- Translucency and natural fluorescence

Limitation:

- Esthetics are not as high as premium denture teeth

CR Conclusions: 70% of 22 CR Evaluators stated they would incorporate Eledent (*Unidesa-ODI*) denture teeth into their practice. 100% rated them excellent or good and worthy of trial by colleagues.

High-Gloss Polishing Disks with Dual Layered, Off-Set Fins for Direct Resin-Based Composite Restorations

Twist Polishing Kit (2663)

Meisinger USA



\$190/8 finned-disks in
sterilizable bur block

Intraoral composite polishing finned-disks accomplish a high-gloss final polish easily. Fins are especially useful on areas with difficult to access features such as occlusal anatomy. Flexibility of fins polish while conserving anatomy. Kit includes 8 polishers (*two each of two grits in two sizes of wheels*). Graduated diamond grits provide quick polishing.

Advantages:

- Polishes hard-to-access areas such as occlusal grooves
- Polishes quickly
- Two steps accomplish excellent final polish
- Finned disks are surprisingly durable

Limitation:

- Fins wear down when used with force; light touch accomplishes polish and conserves fins

CR Conclusions: 71% of 24 CR Evaluators stated they would incorporate Twist Polishers into their practice. 83% rated it excellent or good and worthy of trial by colleagues.

Esthetic, Strong Provisional Material with Fast Set, Chip-Free Adjustment, and Easy Finish/Polish

Inspire Esthetic Provisional Composite

Clinician's Choice Dental



\$3.43/ml

Provisional restorations for crowns and selected fixed prosthesis can be excellent using bis-acryl resin. Inspire is an esthetic provisional material with **small filler particles size for easy trimming and polishing**. Available in four shades (*B1, A1, A2, and A3.5*) with translucency and fluorescence similar to natural tooth structure. It is Bisphenol-A free and dispensed from a 10:1 dual-barrel cartridge.

Advantages:

- Strong material avoids chipping when trimming margins
- Polishes easily
- Fast setting
- Excellent esthetics

Limitation:

- 10:1 dispensing gun was not available in a few Evaluator practices

CR Conclusions: 77% of 22 CR Evaluators stated they would incorporate Inspire Esthetic Provisional Composite into their practice. 77% rated it excellent or good and worthy of trial by colleagues.