

Tools of the trade

Direct ceramic restorations, a rechargeable, cordless laser, and much more ...

Cerec Omnicam

by Dr Stephen Carapetis, GP Dental Partners, Warradale, SA

The Cerec Omnicam allows me to create direct ceramic restorations in my clinic without having to worry about taking impressions or sending things out to laboratories. The process is very fast and can be completed in just one appointment.

What's good about it

The Cerec creates an aesthetically pleasing restoration that strengthens the tooth and is completed within an hour and a half. When patients need a ceramic crown due to a weak, cracked or heavily filled teeth, the process used to take weeks. I would shave down the tooth, take an impression and send that off to the laboratory. I would then place a temporary crown, the patient would return in two weeks, and I would cement the permanent crown into place. Patients love the fact that they can now have a crown or inlay fitted in one appointment.

As well as the Omnicam, I have the Cerec MC X milling machine. From a block of ceramic, this machine creates a restoration that fits exactly into the tooth. We're using a new type of ceramic—available through Sirona—that has a chameleon effect. Once it's cemented into position, it adopts the original colour of the tooth. The results are fantastic.

I've been using the Cerec for 18 months now and the inlays show no signs of discolouration or staining. I'm certain this technology is the way of the future as a long-term alternative to large bonded composite resins.

What's not so good

The only negative is that the Cerec Omnicam and milling unit are very expensive to purchase. I have three practices and each have an Omnicam and milling unit, so the capital outlay was considerable. However, they are used multiple times a day by eight dentists across those three practices.

Where did you get it

Sirona (sirona.com.au). □



Osstell ISQ Implant Stability Meter

by Dr Bruce Gray, Wingewarra Dental, Dubbo, NSW

This is an electronic device for measuring the stability of implants. I use it with every implant I place.

What's good about it

The Osstell ISQ works on resonance frequency analysis. A sensor is screwed into the implant and a wand is placed in close approximation to that sensor. A reading of between nought and 100 is displayed on a screen and the higher the number, the more stable the implant. A reading of 65 or better means that the implant is adequately stable.

I like this system as I can take multiple readings throughout the implant procedure. I take a reading at the time of placing the implant and at the time of uncovering if I'm doing a two-stage surgery. I take another reading at the time of the impression for the prosthesis and at the time of its placement. This gives me a quantitative measurement of the increasing or decreasing stability of the implant in the patient's bone.

Prior to that, it was all qualitative. We would simply wait a period of time and assume that because six months had passed, it must be right. There was no quantitative way of measuring whether a certain degree of torque could be placed on the implant without harming the bone/implant surface.

I've been using the Osstell ISQ for four years with no problems. It's a well-designed, robust piece of equipment that works accurately. It's been a great adjunct to my implant surgery. I highly recommend it.

What's not so good

The only downside is that the magnetic sensor that attaches to the implant is single use and each one is quite expensive to purchase.

Where did you get it

Henry Schein Halas (henryschein.com.au). □

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3M ESPE Sectional Matrix Plus

by Dr Jess Manuela, Dental South, Margate, TAS

I like the 3M sectional matrix system because it has a small lip area that can be positioned subgingivally. It's very versatile and can be used on just about every tooth.

What's good about it

I've used other matrix systems in that past and found that the bands are often too malleable. The 3M matrix bands are rigid and they also have well-shaped anatomical curves. I always get a nice contact when I use them.

Other matrix bands need to be placed in the right spot straight away or they will bend and become useless. While other systems work fine if the contact is pretty open, if the contact is in a more challenging position, it can be difficult to position them properly without bending.

The 3M system is very consistent and the bands have just enough rigidity so they don't bend under pressure. They allow me to treat a range of cavity sizes, even if it goes a bit sub-gingival or is just a small, proximal cavity.

This is a very versatile system and you don't need a range of different band sizes. Very occasionally, I may use a pre-molar band but essentially you can use these bands on all restorations.

What's not so good

I've mixed and matched a couple of systems to create my ideal solution. I had used the V-Ring system but found their bands were too soft. So, I started using Garrison rings and their matrix bands. I happened to run out of the Garrison bands but had 3M matrix bands on hand. By accident, I came across my preferred combination—a 3M matrix band secured by a V-ring or Garrison ring.

Where did you get it

Henry Schein Halas. □

iLase

by Dr Vas Srinivasan,
Invisible Orthodontics,
Hervey Bay, QLD

The iLase is a cordless laser that runs off a rechargeable battery.

What's good about it

When the gum is covering a tooth and you need to do an orthodontic bracketing or attachment, the iLase can get the job done in 10 minutes using only topical anaesthetic. You just numb the patient and clean up the gingival margins straight away.

There is no need to use a scalpel and very little bleeding. Healing is tremendously fast and post-operative pain is negligible. Patients usually comment about the lack of pain after their procedure. There's no need for any antibiotics and patients can return to work or school straight after the appointment.

This laser allows a dentist to perform procedures that would have been referred to a surgeon in the past. It means that complicated cases can be completed in one sitting. This, of course, works out cheaper for the patient.

The only pain for Queensland practitioners is the need to get a licence from Queensland Health to own and operate a laser or X-ray equipment. It adds a ridiculous amount of paperwork and cost, and is not required in any other state in Australia.

Despite this, it's a no-brainer. I believe that every practice should have a laser.

What's not so good

If you're working on a significant exposure of a tooth, the handpiece can overheat and will just stop until it cools down. We don't book long appointments to do the exposure—usually only 10 or 20 minutes—so it would be great if I could keep working non-stop.

Where did you get it

Dental Axess (www.dentalaxess.com). □

