This universal sensor holder slides to choice of bite-block positions

By Flow Dental Staff

Flow Dental, exhibiting in booth No. 1521 at the 2017 Chicago Dental Society Midwinter Meeting, has several new imaging products on display.

**Sensibles universal sensor positioner**
The Sensibles universal sensor positioner has been made even more versatile, now featuring unique locking bumpers that enable you to slide the bite block to any of several fixed positions.

According to the company, clinicians can quickly and easily move from a vertical anterior X-ray to a horizontal posterior or even a bitewing position with just one sensor holder.

Sensibles come with aiming rings and positioning arms and will work with all size sensors, the company reports. Purchase through your preferred dealer.

To get additional information or to request a free sample, you can go to [www.flowdental.com](http://www.flowdental.com).

**Perfect Fit intraoral camera sleeves**
The company’s new Perfect Fit is described as “the one and only fully adjustable intraoral camera sleeve you can buy.” It enables you to create a custom-fit sleeve for virtually any size camera — quickly, easily and economically, according to the company.

Flow Dental asserts that the sleeve will stay on every time, and your lens will always be clean and wrinkle free. According to the company, the Perfect Fit sleeves are 30 percent less expensive than other custom-fit camera sleeves.

**All Bite universal bite-wing holder**
Flow is also introducing new All Bite, a universal bite wing holder for all size sensors. Not only does All Bite flex to hold all sizes, but its unique snap-on/snap-off bite block enables you to move on the fly from a horizontal to a vertical bitewing, in seconds, at chairside. All Bites are economically priced, too, according to the company.

**Deluxe Cushies for patient comfort**
Finally there’s new Deluxe Cushies. Deluxe Cushies adhere to either the long or short side of your sensor, PSP plate or film to create a soft, cushiony surface your patients will appreciate. The unique key-way design makes positioning your Deluxe Cushie quick and easy too.

William Winters, president of Flow Dental, said: “We understand imaging from a workflow and case-management perspective. Our goal is to enhance — yet simplify — any aspect of the imaging process that we can. Our goal is to make products that are easy to use, easy to adapt, save time, reduce cost and are a benefit to both the patients and the practitioners.”

Learn more about Flow Dental offerings in the exhibit hall at the Chicago Dental Society Midwinter Meeting and by visiting [www.flowdental.com](http://www.flowdental.com).

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For more information about Kettenbach LP products, you can call (877) KEBA-123 or visit www.kettenbach.com.

CareCredit, Henry Schein Financial Services complete agreement

CareCredit, a leading provider of promotional health-care financing through its credit card, has finalized a new multi-year agreement with Henry Schein Financial Services LLC.

Under the new agreement, CareCredit will provide patient financing services and offer integrated solutions with Henry Schein’s practice management software programs: Dentrix® and Easy Dental® for dental practitioners and AVImark®, ImproMed® Infinity™ and ImproMed Triple Crown® for veterinarians. The added feature will make it convenient for dental and veterinary practices to offer financing options to help patients and pet owners receive needed care and services.

The alliance will also include comarketing programs and collaboration on prospective services. The availability of the patient financing services will be promoted by Henry Schein’s field sales consultants.

CareCredit research shows the availability of financing options plays a key role in how patients approach their health care decisions. According to “Path to Purchase Research,” conducted by Rothstein Tauber Inc. on behalf of CareCredit (2014), more patients considered or researched financing (73 percent) than researched procedures or treatments (70 percent). The same study showed the likelihood of patients applying for or using a health care credit card increases as the cost of care increases. Additionally, half of respondents (50 percent) who did not have a CareCredit credit card stated they would consider financing if it enabled them to purchase the health-care service, or related items, immediately.

“Health care today offers an increased array of treatment options to patients. For some, the biggest obstacle to obtaining treatment may be financing for elective or cosmetic procedures and services that may not be covered by insurance,” said Keith Drayer, vice president, Henry Schein Financial Services.

(Sources: CareCredit and Henry Schein)
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www.kettenbachusa.com
Smile renewed with Obsidian lithium silicate ceramic

By Glidewell Laboratories Staff

According to manufacturer Glidewell Laboratories, the company’s Obsidian® lithium silicate ceramic is a state-of-the-art restorative material that can be used for PFM, all-ceramic and chairside-milled cases. With this versatility, Obsidian enables clinicians to prescribe a single material for virtually any indication in the mouth. A simplified workflow can ensue because Obsidian helps achieve a cohesive appearance across the arch, even when the oral situation demands multiple types of restorations, the company reports.

Obsidian offers more than four times the flexural strength and twice the chip resistance as traditional feldspathic ceramics, according to the company. Furthermore, Glidewell reports that the translucency and esthetics of the material match those of natural dentition, making Obsidian an optimal combination of utility and beauty.

Pressed to metal

According to Glidewell, the latest release in the product line, “Obsidian Pressed to Metal” restorations, are exceptional PFMs for today’s clinician. Rather than fusing feldspathic porcelain to cast metal, Obsidian lithium silicate ceramic is pressed to laser-sintered understructures to form a modernized PFM. Each case is designed digitally and fabricated through unique computer-controlled processes, resulting in precise restorations. The understructures are made through a method in which a programmable laser beam strikes metal powder to build the desired shape, layer by layer. The anatomy is formed by heat-pressing lithium silicate into a 3-D–printed mold.

According to Glidewell, finished “Obsidian Pressed to Metal” crowns and bridges achieve far greater strength than their traditional PFM predecessors. It describes the natural-looking, chip-resistant restorations as being ideal for covering dark preps and endodontic posts. Indications include crowns and bridges anywhere in the arch, and screw-retained and cemented implant restorations.

All-ceramic

Obsidian all-ceramic restorations are made from the same lithium silicate ceramic used for the pressed-to-metal restorations, meaning that monolithic and ceramo-metal prostheses can be placed adjacent to one another with highly successful results. These all-ceramic restorations mirror the vitality and translucency of natural dentition and are indicated for individual anterior and posterior crowns, veneers, inlays, onlays and three-unit anterior bridges.

Case presentation

By Anamaria Muresan, DMD, CDT

A male patient presented to the Glidewell Laboratories operatory unsatisfied with the mismatched appearance and chipped, uneven incisal edges of his maxillary central incisors.

The patient reported that he was so unhappy with his current oral situation that he never smiled. We restored his smile using Obsidian lithium silicate ceramic, placing one pressed-to-metal crown and five veneers. Looking at the before image, note that tooth #8 appears gray due to previous root canal treatment and the resulting metal post showing through the all-ceramic crown. When a patient presents with a metal post, my rationale is to use a PFM to stop the show-through. The Obsidian “Pressed to Metal” crown used here completely hid the endodontic post, without forcing me to select an unesthetic, dark shade in hopes of masking the post. The Obsidian “Pressed to Metal” crown on tooth #8 and Obsidian veneers on #6, #7 and #9–11 easily match one another in terms of shade and esthetics. The patient was thrilled with the life-changing outcome.
Kovanaze™ is the first FDA-approved Nasal Spray indicated for regional anesthesia when performing a restorative procedure on teeth 4-13 and A-J in adults and children who weigh 40 kg or more. And as its name implies, Kovanaze Nasal Spray is needle-free! Inject or spray? — The choice is between you and your patient.

IMPORTANT SAFETY INFORMATION: Use in patients with uncontrolled hypertension or inadequately controlled active thyroid disease of any type is not advised. Tetracaine may cause methemoglobinemia, particularly in conjunction with methemoglobin-inducing agents. Use of KOVANAZE in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methemoglobinemia-inducing agents have been used. Confirm diagnosis by measuring methemoglobin level with co-oximetry. Treat clinically significant symptoms of methemoglobinemia with a standard clinical regimen. Allergic or anaphylactic reactions can occur. If an allergic reaction occurs, seek emergency help immediately. KOVANAZE is contraindicated in patients with a history of allergy to tetracaine, benzyl alcohol, other ester local anesthetics, p-aminobenzoic acid (PABA), oxymetazoline, or any other component of the product. Some clinical trial patients experienced an increase in blood pressure so blood pressure should be monitored. In addition, patients should be carefully monitored for dysphagia. KOVANAZE is not recommended for use in patients with a history of frequent nose bleeds. Concomitant use of monamine oxidase inhibitors, nonselective beta adrenergic antagonist, or tricyclic antidepressants may cause hypertension and is not recommended. Discontinue use of oxymetazoline-containing products 24 hours prior to KOVANAZE administration. Avoid concomitant use of intranasal products. The most common adverse reactions to KOVANAZE occurring in >10% of patients include a runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes.

Learn more at www.kovanaze.com or call the Kovanaze Support Line at 1.800.770.9400
Manufactured for St. Renatus
KOVANAZE™ (tetracaine HCl and oxymetazoline HCl) Nasal Spray

INDICATIONS AND USAGE
KOVANAZE clears tetracaine HCl, an eustachian tube local anesthetic, and oxymetazoline HCl, a vasoconstrictor. KOVANAZE is indicated for regional anesthesia when performing a restorative procedure on teeth 4-13 and A-J in adults and children who weigh 40 kg or more.

CONTRAINDICATIONS
KOVANAZE is contraindicated in patients with a history of allergy to or intolerance of tetracaine, benzyl alcohol, other eustachian tube anesthetics, p-aminohippuric acid (PAH), oxymetazoline, or any other component of the product.

WARNINGS AND PRECAUTIONS
Risk of Hypertension: KOVANAZE has not been studied in Phase 3 trials in adult dental patients with blood pressure greater than 150/100 or in those with inadequately controlled active thyroid disease. KOVANAZE has been shown to increase blood pressure in some patients in clinical trials. Monitor patients for increased blood pressure. Use in patients with uncontrolled hypertension or inadequately controlled active thyroid disease of any type is not advised.

Epistaxis: In clinical trials, epistaxis occurred more frequently with KOVANAZE than placebo. Either do not use KOVANAZE in patients with a history of frequent nose bleeds (> 5 per month) or monitor patients with frequent nose bleeds more carefully if KOVANAZE is used.

Dysphagia: In clinical trials, dysphagia occurred more frequently with KOVANAZE than placebo. Carefully monitor patients for this adverse reaction.

Methemoglobinemia: Tetracaine may cause methemoglobinemia, particularly in conjunction with methyleneblue- inducing agents. Based on the literature, patients with diabetes and those using phenylhydrazine may develop methemoglobinemia. Use of KOVANAZE in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Patients taking concomitant drugs associated with drug-induced methemoglobinemia, such as sulfonamides, metformin, acetaminophen, and/or methylene blue, may have a higher risk of developing methemoglobinemia. Use of KOVANAZE in patients with a history of congenital or idiopathic methemoglobinemia is not advised. Patients taking concomitant drugs associated with drug-induced methemoglobinemia, such as sulfonamides, metformin, acetaminophen, and/or methylene blue, may have a higher risk of developing methemoglobinemia.

Anaphylactic Reactions: Allergic or anaphylactic reactions have been associated with tetracaine, and may occur with other components of KOVANAZE. They are characterized by urticaria, angioedema, bronchospasm, and shock. If an allergic reaction occurs, seek emergency help immediately.

ADVERSE REACTIONS
The most common adverse reactions occurring in >10% of patients include runny nose, nasal congestion, nasal discomfort, sore throat, and watery eyes. Transient, asymptomatic elevations in systolic blood pressure (≥ 25 mm Hg from baseline) and diastolic blood pressure (≥ 15 mm Hg from baseline) have been reported.

DRUG INTERACTIONS
Monoamine Oxidase Inhibitors: Use of KOVANAZE in combination with monoamine oxidase inhibitors (MAOls), selective beta adrenergic antagonists, or tricyclic antidepressants may cause hypertension and is not recommended. Alternative anesthetic agents should be chosen for patients who cannot discontinue use of MAOls, selective beta adrenergic antagonists, or tricyclic antidepressants.

Oxymetazoline-containing Products: Concomitant use with other oxymetazoline-containing products (such as Afrin®) has not been adequately studied. Use of KOVANAZE with other products containing oxymetazoline may increase risk of hypertension, bradycardia, and other adverse events associated with oxymetazoline. Discontinue use 24 hours prior to administration of KOVANAZE.

Intranasal Products: Oxymetazoline has been known to slow the rate, but not affect the extent of absorption of concurrently administered intranasal products. Do not administer other intranasal products with KOVANAZE.

USE IN SPECIFIC POPULATIONS
Pregnancy Risk Summary: Limited published data on tetracaine use in pregnant women are not sufficient to inform any risks. Published epidemiologic studies of nasal oxymetazoline used as a decongestant during pregnancy do not identify a consistent association with any specific malformation or pattern of malformations. In animal reproduction and development studies, oxymetazoline given subcutaneously to rats during the period of organogenesis caused structural abnormalities at a dose approximately 7.6 times the exposure of oxymetazoline HCl at the 0.3 mg maximum recommended human dose (MRHD) of KOVANAZE. In a pre- and post-natal development study in rabbits, oxymetazoline given subcutaneously to rats caused embryofetal toxicity manifested by reduced implantation sites and live litter sizes at approximately 1.5 times the MRHD and increased pup mortality at 6 times the MRHD. No adverse developmental effects were observed following subcutaneous administration of tetracaine HCl only to rats and rabbits during organogenesis at 32 and 6 times, respectively, the estimated exposure of tetracaine HCl at the 18 mg MRHD of KOVANAZE. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Lactation Risk Summary: There are no data on the presence of tetracaine, oxymetazoline, or their metabolites in human milk, the effects on the breastfed infant, or the effects on milk production.

Detectable levels of oxymetazoline, tetracaine and the major metabolite of tetracaine, p-butyliaminobenzoic acid (PBBA), were found in the milk of lactating rats following subcutaneous administration of oxymetazoline HCl in combination with tetracaine HCl during the period of organogenesis through parturition and subsequent pup weaning. Due to species-specific differences in lactation physiology, animal data may not reliably predict drug levels in human milk.

The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for KOVANAZE and any potential adverse effects on the breastfed infant from KOVANAZE or from the underlying maternal condition.

Females and Males of Reproductive Potential: Infertility: No information is available on fertility effects in humans.

Females: Based on animal data, KOVANAZE may reduce fertility in females of reproductive potential. In female rats, decreased fertility noted as a decrease in litter size occurred at 0.7 times the oxymetazoline AUC exposure at the MRHD of KOVANAZE. It is not known if the effects on fertility are reversible.

Males: Based on animal data, KOVANAZE may reduce male fertility. In male rats, decreased sperm motility and sperm concentration occurred at approximately 2 times the oxymetazoline AUC exposure at the MRHD of KOVANAZE.

Pediatric Use: KOVANAZE has not been studied in pediatric patients under 3 years of age and is not advised for use in pediatric patients weighing less than 40 kg because efficacy has not been demonstrated in these patients.

Geriatric Use: Clinical studies of KOVANAZE did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. Monitor geriatric patients for signs of local anesthetic toxicity, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

Of note, comparisons of KOVANAZE safety and efficacy results were generally similar among dental patients who were > 50 years old (n=60) and ≤ 50 years old (n=148). However, a trend toward a higher incidence of notable increases in systolic blood pressure was observed in dental patients > 50 years of age compared with patients ≤ 50 years of age (16.6% vs 1.4%, respectively). These increases in blood pressure measurements were generally asymptomatic and transient in nature, and all spontaneously resolved without the need for medical intervention.

Hepatic Disease: Because of an inability to metabolize local anesthetics, these patients with severe hepatic disease may be at a greater risk of developing toxic plasma concentrations of tetracaine. Monitor patients with hepatic disease for signs of local anesthetic toxicity.

Pseudocholinesterase Deficiency: Because of an inability to metabolize local anesthetics, those patients with severe hepatic disease may be at a greater risk of developing toxic plasma concentrations of tetracaine. Monitor patients with pseudocholinesterase deficiency for signs of local anesthetic toxicity.

OVERDOSE:
No additives properties have been reported in the literature for either tetracaine or oxymetazoline, but there have been numerous case reports of unintended overdoses for both compounds. Side effects in adults and children associated with oxymetazoline overdose include dizziness, chest pain, headache, myocardiakl infarction, stroke, visual disturbances, arrhythmia, hypotension, or hyperventilation. Side effects of tetracaine overdose include rapid circulatory collapse, cardiac arrest, and cerebral events. Patients with severe comorbidities or neural loss of consciousness may not be able to communicate (particularly in children), including serious cardiac events, have been associated with overdose and/or prolonged or too frequent intranasal use of oxymetazoline containing agents. Accidental ingestion of iridocaine derivatives (i.e., oxymetazoline, naphazoline, tetraccholine) in children has resulted in various adverse events requiring hospitalization (e.g., coma, bradycardia, decreased respiration, sedation, and somnolence). Patients should be instructed to avoid using oxymetazoline-containing products such as Afrin® and other decongestants within 24 hours prior to their scheduled dental procedure. Management of an overdose includes close monitoring, supportive care, and symptomatic treatment.

HOW SUPPLIED:
KOVANAZE Nasal Spray is a pre-filled, single-use, intranasal spray containing a clear 0.2 mL aqueous solution at pH 6.0 ± 1.0 containing 30 mg/mL of tetracaine hydrochloride and 0.5 mg/mL of oxymetazoline hydrochloride equivalent to 2.6 mg/mL tetracaine and 0.44 mg/mL oxymetazoline. Each nasal spray unit delivers one 0.2 mL spray. Each 0.2 mL spray contains 0.04 mg tetracaine hydrochloride (equivalent to 0.027 mg tetracaine) and 0.1 mg oxymetazoline hydrochloride (equivalent to 0.008 mg oxymetazoline). NDC: 608683:100-100

STORAGE AND HANDLING:
Store between 2° and 8°C (36° and 46°F); excursions permitted between 0° and 15°C (32° and 59°F) [see USP controlled cold temperature]. Discard any unused solution. DO NOT use if drug is left out at room temperature for more than 5 days.

PATIENT COUNSELING INFORMATION:
Informs patients of the likelihood of expected side effects (including runny nose, nasal congestion, mild nosebleeds, dizziness, and/or a sensation of difficulty in awakening that should resolve within the same day). Instruct patients to contact their dentist or health care professional if these symptoms persist. Advise patients to inform the dental practitioner if they are taking monoamine oxidase inhibitors (MAOls), selective beta adrenergic antagonists, or tricyclic antidepressants. Advise patients to avoid using oxymetazoline-containing products (such as Afrin® and other decongestants) within 24 hours prior to their scheduled dental procedure. Advise patients of the signs and symptoms of hypersensitivity reactions and to seek immediate medical attention should they occur. Manufactured for: St. Renatus, LLC, Fort Collins, CO 80526

KOVANAZE is a trademark of St. Renatus, LLC.

Rev. 11/2016
Benefits of bonding combine with simplicity of traditional cementing

By Dr. Joseph Kim

BISCO’s next generation resin cement combines the benefits of bonding with the simplicity of a traditional cementing protocol. TheraCem is a dual-cured, calcium and fluoride-releasing, self-adhesive resin cement indicated for luting crowns, bridges, inlays, onlays and all types of posts. Delivering a strong bond to zirconia and most substrates, along with easy cleanup and high radiopacity, TheraCem offers clinicians reliable and durable cementation of indirect restorations.

The self-adhesive feature means no etching, and no priming or bonding of prepared dental surfaces. This means greater predictability in preparations with subgingival margins, where etchants or bonding agents may cause bleeding (Fig. 1).

With TheraCem, a clean, prepped dentin or enamel surface is all that is needed to achieve excellent bond strengths, with the added benefit of sustained calcium and fluoride release. TheraCem also forms a strong bond to most substrates, including zirconia restorations, without the need for separate chemical primers (Fig. 2).

Easy to clean up
TheraCem is easy to clean up with hand instruments and floss (Fig. 3). For deeper subgingival margins, TheraCem is kind to the gingiva, although the margins should be thoroughly inspected to ensure complete removal of excess cement (Fig. 4).

Due to innovative chemistry, TheraCem achieves a high degree of chemical conversion, which ensures long-term durability, without the need for refrigeration when it is not being used. For clinicians, this means that peace of mind can be nearby and ready to use in every operatory.

All of these time-saving features translate to decreased chair time and reduced frustration for both clinicians and patients. TheraCem is true simplicity and durability through cutting-edge chemistry.
Barrier protection critical with dental gloves

While caring for their patients, dental and health care professionals are constantly exposed to bodily fluids that may carry viruses and other infectious agents. It is therefore critical that the gloves these professionals use provide the best possible barrier protection.

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural rubber latex gloves have long been acknowledged for their very effective barrier properties, while non-latex gloves, such as vinyl (polyvinyl chloride), have inferior barrier capability as shown by numerous studies.

Other synthetic gloves, such as nitrile and polyisoprene, perform much better than vinyl but are more costly, especially polyisoprene gloves. Using gloves with inferior capability could expose both the patient and user to harmful infections.

Quality, safety top priorities

Malaysia is the world’s largest medical gloves exporter (latex and nitrile). Both quality and users’ safety are of top priority to the nation’s glove industry. To this end, a quality certification program (the Standard Malaysian Glove, or the SMG) has currently been formulated for latex examination gloves.

All SMG-certified gloves must comply with stringent technical specifications to ensure the gloves are high in barrier effectiveness, low in protein and low in allergy risks, in addition to having excellent comfort, fit and durability — qualities that manufacturers of many synthetic gloves are trying to achieve.

Natural, sustainable resource

Latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly. (You can learn more online by visiting www.smgonline.biz or www.latexgloves.info).

The use of low-protein, powder-free gloves has been demonstrated by many independent hospital studies to markedly reduce the incidence of latex sensitization and allergic reactions in workplaces.

More important, latex-allergic individuals donning non-latex gloves can now work alongside their coworkers wearing the improved low-protein gloves without any heightened allergy concern.

However, for latex-allergic individuals, it is still important they use appropriate non-latex gloves, such as quality nitrile and polyisoprene gloves, which provide them with effective barrier protection.

Extensive array of brand, prices

Selecting the right gloves should be an educated consideration to enhance safety for both patients and users. For decades, gloves made in Malaysia have been synonymous with quality and excellence, and they are widely available in an extensive array of brands, features and prices.

They can be sourced either factory direct (www.mrepc.com/marketplace) or from established dental products distributors in the United States and Canada. (Source: Malaysian Rubber Export Promotion Council)

Support a Dental Meeting that Supports the Dental Community

As a non-profit organization, the Hinman Dental Meeting proceeds are gifted as scholarships to dental, hygiene, assisting and laboratory technician students. Our focus has always been about providing the very best education possible for the entire dental team. Support a meeting that supports the future of our profession and the changing face of dentistry. Join us this March to see for yourself and discover the Hinman experience.

Registration opens December 1st. Visit Hinman.org to be added to our mailing list or for more information.