

Podcast 11/27/2017

1. **Cavity Detector Gets FDA Clearance - Ortek Therapeutics.** The patented, lightweight, battery-powered, tabletop device is designed to help dental professionals diagnose and monitor dental cavities in the biting surfaces of molars and premolars. This device will help dental professionals diagnose and monitor pre-cavitated lesions in enamel that cannot be predicted by x-rays. This will enable the dental practitioner to design an appropriate treatment plan that could include minimally invasive care. The ECD uses electrical conductance to accurately diagnose and monitor enamel lesions. Tooth enamel is electrically non-conductive unless breached by fracture or demineralization. The ECD's handpiece uses a novel probe tip to precisely measure the amount of dentinal fluid in the pits and fissures of molars and premolars. The ECD is a pain-free system and is designed to rapidly aid dental professionals to diagnose and monitor enamel lesions in the grooves of the back teeth. Ortek expects the ECD to be commercially available next year
2. **Treatment planning excellence: Creating protocols for success** - Treatment planning workflows can be reliable tools to predictably solve the specific problems of each individual patient. Dentists become focused on the execution of the treatment without having treatment goals in place that are specific enough and, therefore, no clear end point. Treatment plans without a clear end point lead to incomplete treatment, which means unpredictable results and unmet patient expectations.
 - A. **ALWAYS BEGIN WITH COMPLETE DATA** - Every patient who enters a dental practice should be evaluated for any dental disease that could break down the dentition or threaten the patient's overall health. The key is to create a protocol for each type of patient in your practice to ensure that all necessary data is obtained
 - B. **GENERAL DENTAL PROBLEMS** - general dental examination should include a full series of radiographs, oral cancer screening, sleep apnea screening, TMJ/occlusal evaluation, full periodontal probing, and a tooth-by-tooth restorative examination. Biologic problems and structural problems with individual teeth can be diagnosed and treatment planned at the same appointment.
 - C. **ESTHETIC PROBLEMS BEYOND CHANGING COLOR** - Patients who desire to change their smile should have the same screening as general dental patients, plus a full series of photographs and an occlusal analysis.
 - D. **OCCLUSAL PROBLEMS** - When patients are found to have occlusal problems, additional time will be needed for a thorough assessment. Close documentation of tooth wear, mobility, migration, masticator muscles that are tender to palpation, and any TMJ instability will be noted.
 - E. **MULTIPLE MISSING TEETH (PATIENTS CONSIDERING DENTAL IMPLANTS)** - Patients considering dental implants require the same workup as patients with occlusal or esthetic issues, plus a CBCT scan. Special emphasis must be placed on relating the optimum tooth and contour position back to the proposed implant position
 - F. **TMJ DYSFUNCTION/FACIAL PAIN** - Patients presenting with TMJ issues and/or facial pain should be examined with the same procedure as patients with general dental problems. In addition, expand the examination to look at the areas of pain and take a more detailed history. Having a CBCT scan with interpretation can also be very helpful.
 - G. **THE ADVANCED RECORDS APPOINTMENT** - The breakthrough for many doctors is the creation of an "advanced records appointment." This is an appointment created for a patient with issues that go beyond what is usual and customary. For example, if a patient is being seen for a routine dental evaluation (general dental problems) and the team discovers that the patient wants to explore another level of dentistry involving esthetics, occlusal disease, implant dentistry, or the resolution of a TMJ/facial pain problem, it is time to schedule an advanced records appointment. The advanced records appointment protocol establishes each team member's responsibilities in the records-taking process and ensures that all the necessary records are obtained for each type of patient

3. **2 codes to implement (and get paid for) today -Gingival Inflammation -Code D4346** the 2017 current dental terminology (CDT) included a new code designed to fill the gap between a prophylaxis, and scaling and root planing. The D4346 code reports scaling in the presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation. This code acknowledges the importance of addressing gingival health before patients deteriorate to the point of periodontal disease.

To implement D4346 –

- 1. Identify patients who need treatment for gingival inflammation.** Patients must have generalized—not acute—inflammation, and no bone loss.
- 2. Educate patients about the importance of addressing inflammation in the mouth.** Periodontal disease increases the risk for diabetes and heart disease, in addition to other systemic diseases.^{1,2} Prevention of periodontal disease is one of the most important steps patients can take to protect their overall health.
- 3. Calculate applicable insurance benefits and present the treatment plan.** Identify the long-term costs if treatment is not completed.

DIABETES SCREENING—CODE AVAILABLE IN 2018 - One consequence of sustained gingival inflammation and the development of periodontal disease is the increased risk of insulin resistance.³ Given the well-established connection between oral health and diabetes, the ADA and Code Maintenance Committee announced the addition of a new code in 2018 that will report the in-office measure of hemoglobin A1c, a blood test that provides information about a person’s average circulating blood sugar levels during the preceding three months.

To Implement-

- 1. Identify patients at risk for diabetes.** Risk factors for diabetes include family history of diabetes, high cholesterol, elevated blood pressure, overweight and obesity, and periodontal disease. Develop your own screening tools to assess these risk factors and others, or use the “Diabetes Detection in the Dental Office” screening tool. This tool was developed by Total Health University cofounder, Susan Maples, DDS, and validated by Michigan State University researcher, Saleh Aldasouqi, DDS.
- 2. Educate patients about the connection between oral health and diabetes.** Patients need to understand that you cannot safely and successfully treat periodontal disease without knowledge of associated health conditions.
- 3. Check at-risk patients for diabetes.** Hemoglobin A1c tests can be performed in the dental office with a simple finger stick. In just a few minutes, the test provides the patient’s average blood sugar level for the past two to three months and classifies it as either normal, prediabetes, or diabetes. Patients can then be referred to a medical provider for a definitive diagnosis.

Key to the successful implementation of both of these codes is the ability to communicate the importance of oral health and its impact on overall health.

4. SleepArchiTx introduces the Aligner Sleep Appliance
- **The Aligner Sleep Appliance is the first and only appliance to treat sleep disorders in conjunction with aligner therapy.** Sleep disorders are often tied to problems with bite, occlusion and jaw position, so a comprehensive solution like this is extremely valuable. The ASA, combined with clear aligners, reportedly enables doctors to simultaneously straighten teeth, fix bite and occlusion problems, and solve patients’ sleep disorders. The ASA: is FDA-cleared;
 - creates up to 8 mm of mandibular advancement, repositioning the lower jaw to create maximum reduction of soft tissue obstructions in the oropharynx;
 - is the only commercially available sleep appliance that can seamlessly fit over existing clear aligners at any stage of treatment;
 - is easily adjusted to allow bilateral retrofitting;
 - is customized to fit each patient case type: Class I, Class II and Class III.

More information: <http://www.dentalproductsreport.com/dental/article/sleeparchitx-introduces-aligner-sleep-appliance>

5. Anesthetic Delivery System That Revolutionizes the Way to Simply Buffer Local Anesthetics -

The Anutra Local Anesthetic Delivery System is a revolutionary way to simply buffer local anesthetics. With buffering, practitioners can be more productive, efficient, and profitable while providing a more comfortable experience. Imagine anesthetizing your patient and going to work in just 2 minutes. One of the most innovative components of the system is the Anutra Feedback Aspiration Syringe. The extraordinary syringe allows for multiple doses in a single syringe

More Information: ANUTRA-1 or visit anutramedical.com.

6. Nasal Spray Serves as Opioid and Steroid Alternative - Septodont now has exclusive marketing rights to promote SPRIX (ketorolac tromethamine) Nasal Spray to the US dental market. Indicated as an alternative to opioid or steroid therapy, SPRIX Nasal Spray is a short-term (maximum: 5 days) treatment allowing adults to manage moderate to moderately severe pain that would otherwise require analgesia at the opioid level.

More information: Septodont at (800) 872-8305 or visit septodont.com