

2250th Conference
Dental Marketing & Oral Care 2018



36th International Conference on

DENTISTRY & DENTAL MARKETING

&

18th Annual Meeting on

ORAL CARE & ORAL CANCER

October 24- 25, 2018 | Boston, USA

Keynote Forum

Day 1

36th International Conference on

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Roche Penafuerte Ruiz

KJR Dental Center Incorporated, Philippines

Dental Marketing: “BMEG approach”

This interesting topic of marketing has been in the international convention of dentistry In the last 35 years. Dental marketing provides an in and out approach in building your Practice and expanding it via proven structures.

Inside the program:

- Build your dental practice
- Market your dental practice
- Expand & grow your dental practice

Objective of the lecture:

- The lecturer's objective is to be able to share and help each and every practicing
- Dentist's achieve its full potential using his researches as reference for strategies that
- Will suit his/her clinic vision and mission.

Biography

Roche Penafuerte Ruiz is the President / CEO of KJR Dental Center Incorporated.

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James L Ratcliff

Rowpar Pharmaceuticals Inc., USA

Consumer centric marketing in dentistry

Marketing in dentistry and medicine is rapidly changing. Thanks to the ready availability of information and consumer reviews on the internet, patients are no longer passive participants in their own oral care. Instead, increasingly they come to the doctor, dentist, hygienist and nurse with questions about treatment plans and oral care products. Consumer-centric marketing re-envisioning how dental products will be selected and used in the future. A quick examination of the domestic oral care market reveals a confusing array of over 300 toothpaste from which the consumer is to make a choice for home oral care. Major brands offer a confusing array of choices leaving both the consumer and the dental professional unable to readily associate one particular product with the specific needs of the individual consumer. Rowpar has taken a different path. It begins with the consumer rather than the product features. We seek to deliver that “OMG” moment where the consumer or patient realizes that CloSYS products are perfect companions to their own health and wellness and are specific, immediate remedies for their personal needs. This involves locating consumers and professionals on a single indication, such as oral sores or heart health, finding out where they search for information on that indication and then using those existing avenues to communicate directly with the patient. The end result, ideally, is person-product fit which leads to great consumer loyalty and increased professional satisfaction that we are helping people get well as stay well. What does it mean to have a person-product fit or a person-service fit for dentistry and dental products? The presentation concludes with lessons learned, applications to the practice setting and the dental products space and how they might fit into new standards of care and of quality.

Biography

James L Ratcliff is Chairman and CEO of Rowpar Pharmaceuticals, Inc., Scottsdale, AZ, maker of the Dentists Choice and CloSYS brands of oral care products. In 2014, Rowpar received the U.S. Small Business Administration's Exporter of the Year Award. In 2017, Rowpar has received the Arizona Fast Track Leader Award. From 1989 to 2000, he served as the senior research scientist, professor and director, Center for the Study of Higher Education at the Pennsylvania State University. From 1979 to 1989, he was the professor and program head for higher education at Iowa State University. He is an author of 120 articles, books, book chapters, is co-inventor on over 24 patents and patents pending. He is an active member of the Arizona Biotechnology Assn., American Academy of Oral and Systemic Health, American Education Research Assn. and the International Association for Dental Research. He holds a PhD in Higher Education from Washington State University, a M.A. in History from Washington State University and a B.A. from Utah State University.

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Sonya Dunbar

Mobile Dental Xpress Wellness and Nutrition, USA

How dirty teeth and tongues are killing our geriatric population

In my 15 plus years working as a dental hygienist in long-term care facilities, I have seen the most reprehensible oral care imaginable. I have witnessed dentures that had not been removed or cleaned in years. I have seen tube-fed residents who had not had their teeth brushed in months because of the staff's failure to see the necessity of providing oral home care. I recently treated a patient who had so much tartar build up on his lower anterior teeth that he could not close his mouth or properly chew his food. I have listened to the countless, heart-wrenching accounts of elders so embarrassed by their dental condition that they were ashamed to smile or even let me examine their mouths. Dental health plays a significant role in mental and emotional health and well-being. Therefore, caregiver provision of proper oral homecare helps maintain the dignity of the geriatric community. Whether the neglect is due to caregivers' lack of knowledge or lack of compassion, the result is detrimental to the systemic health of the elderly. Uncontrolled oral bacteria can lead to pneumonia, diabetes, strokes and heart attacks. It has even been linked to Alzheimer's disease. Frequently, cognitive impairment intensifies preexisting oral problems. For instance, elders with Alzheimer's typically have poor oral care and a higher incidence of oral diseases. The most deplorable aspect of this situation is the fact that it is readily preventable. The quality of life and systemic health of residents in long-term care facilities can be significantly improved by simple, consistent and effective oral care practices.

Biography

Sonya Dunbar, also known as the Geriatric Tooth fairy is a registered Dental Hygienist she has and over 25 years of dental experience in private practice, skilled nursing facilities, academia and marketing and has proudly served her country in the United States Navy. For the last 15 years, she worked in long-term care facilities both as a Dental Hygienist providing clinical treatment and as a staff trainer providing in-services and hands-on training to the staff and we cannot forget her very entertaining seminars packed with valuable information on Geriatric oral care. That experience has afforded her the opportunity to learn the concerns, desires, needs and expectations of patients and their families as well as those of facility staff and administration. Her experience also created a desire in her to do things better to improve the quality of care and level of customer service provided to residents, staff and administration of long-term care facilities.

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David G Gillam

Barts and the London School of Medicine QMUL, UK

Management of post-operative sensitivity following periodontal treatment

Post-operative sensitivity may occur following both non-surgical and surgical procedures. Other complications in the soft tissues of the oral cavity have also been reported following treatment. Traditionally data has been collected on the prevalence or incidence of root dentine hypersensitivity (RDH) or root sensitivity (RS) using pain scores such as a Visual Analogue Scale (VAS) or Verbal Descriptors. These studies often evaluate the effects of professionally applied or recommended treatments such as, desensitizing varnishes, prophylaxis polishing pastes etc or assessing the effectiveness of the various flap designs with or without adjustive materials to cover exposed root surfaces resulting from the gingival recession. Relatively few studies assess the effects of periodontal procedures on the quality of life of those individuals receiving these procedures. From the available published data, there is some evidence that the discomfort experienced during both non-surgical and surgical procedures is relatively mild and transient in nature. For example, several systematic reviews have reported that the reported prevalence of RDH/RS is relatively high immediately following a non-surgical procedure with the reported discomfort gradually decreasing within two weeks. A similar picture emerges following surgical periodontal procedures with the discomfort gradually diminishing over an eight-week period. Currently, there are a plethora of both professionally applied and home use products available for the management of post-operative sensitivity following periodontal procedures. This presentation will review the available literature and provide information on the prevalence of the condition, its aetiology and causal factors, as well as practical recommendations for the clinical management of the problem.

Biography

David G Gillam graduated as a dentist from the University of Edinburgh, Scotland in 1977 and following postgraduate studies he was recognized as a Specialist Periodontist in 1998. Prior to joining QMUL in 2009, he gained extensive clinical experience working in general dental practice, community and academic dentistry. He also worked in the Consumer Healthcare Industry and is currently a Senior Clinical Lecturer at QMUL. His main research interests are in the area of Periodontology as well as working with Professor Robert Hill in the development of novel products for treating dental problems. He is a co-founder of Biomin Technologies Ltd., UK.

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Ahmed Ali Ghorab

Nahda University, Egypt

Dentistry in Egypt and the role of social media and scientific references in learning for Arab dental students

As the free encyclopedia "Wikipedia" reported: Dentistry has a long history in Egypt where the dental profession emerged as early as 3000 BC. Dentistry is taught in public and private universities in Egypt, there is a syndicate for all dentists who organize work in dental clinics in cooperation with the Ministry of Health. Dentists complete a 5-year study plus a year of practice in dental or public hospitals in the country. Most public universities give bachelors, masters and doctorate degrees in all areas of dentistry. However, getting a graduate degree in orthodontics is a bit difficult according to many dental practitioners in general in Egypt. The number of public and private dental colleges reached 33 which is the highest rate of dentistry colleges compared to the world population whereas the UK has 28 colleges, India has 22, China has 27 and the US has 30. There is also a plan for the Ministry of Higher Education to open 5 new public and private colleges. Dentistry is developing significantly in Egypt and there is an increase in the demand for it annually. The web portal "Masrawy" reported that of 2007, there were 28,000 dentists and from 2007 to 2017, they became 64,000 dentists, more than doubling in ten years. Since 2011 it has been observed that many dental students rely on learning through social media. When conducting a random referendum among several Egyptian university students, it was noticed that the percentage of dependence on social media reaches 70%, YouTube has been ranked first where several university professors publish practical videos through their channels for practical study especially for the first two years in the bachelor's degree in addition to the rest of the years. Facebook is ranked second where there are many doctors and students to publish useful topics for learning across the groups and pages for undergraduate and graduate students and sometimes videos are broadcast live. Online websites topped the third place and Twitter the last. Several students also rely on the use of scientific references as a means of in-depth understanding and acquisition of more information. It was noted that 80% of the Egyptian students depend on the references of overseas universities. I have been created a statistic for many students and dentists about why they choose the dentistry and how can a dentist service humans? Also, they have been asked about what they expect about what dentistry will provide the world in the next ten years and their ideas and points of views about improving learning and reducing difficulties in dentistry. Conferences are one of the important things and all Egyptian universities organize conferences throughout the year and It was observed the increase in the number of attendances, especially from students in particular. For example, my university in the last year, the number of attendances in the second conference was increased by 500 than the first conference and in the regional scientific conference by doctors syndicate in cooperation with my university, the number of the delegates reached 3000.

Biography

Ahmed Ali Ghorab Pro-active and results-oriented in his education. Currently enrolled in the School of Dentistry, Nahda University. Well-disciplined with proven ability to manage multiple assignments efficiently under extreme pressure while meeting tight deadlines. Known for his adequate planning and effective communication can see the big picture and plan his work to achieve results. He is looking for getting an opportunity to study masters in an American University. Accepted in many local and international scholarships. Obtained several internships from Egyptian and international institutions. Interested in attending international conferences in dentistry and other fields. Holds many awards and honors from the university. Interested in traveling and discover other countries. He has three years' experience in teamwork. He wishes to offer humanity a useful science that helps to cure the incurable diseases and to immortalization my name beside scientists forever.

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Jan Wade Gilbert

Wian Industries Long Beach, USA

We know that the ancient Egyptians used dental implants

The idea of implants is not new. What's exciting is the evolution of the procedure. The implants themselves and the technology and understanding to place them are, today, on a totally elevated scientific plane and the most dramatic piece of the advancement is the dental CAT scan. Now we can enter the surgical sight virtually and explore and scrutinize the area before we actually enter it. We can design the surgery so it is uneventful, swift and successful. So, why do implants fail? For the same reason the natural teeth failed and the etiologic factors that caused the loss of the natural teeth were never addressed and/or never addressed well. Whereas the surgical aspects of the implant scene have progressed to digitalization, flat panels and pixels, the clinical concepts have remained in the early 1800's. This brings us to the next concept. We begin by stating that we do not believe nature makes design errors – certainly not on a wholesale basis. So, the factory installed equipment with which we were born should function rather well and if it doesn't, it is not a design error but a factor of not feeding those biological systems what they need, in order to do what they were programmed to do: namely, keep us healthy and well. If you see something you should not see or feel something you should not feel, it is an indication that body systems are not functioning as they should for if they were, you would not see or feel that. Thus the term Quin'talano (the essence of science): Keen observation with a trained eye and deft interpretation with an educated mind. Probably the best known story as an example of Quin'talano is the discovery of penicillin by Alexander Fleming. Here we have the first of the 2 topics for consideration: The Examination. The change here is from a dental examination to an oral examination. This new examination adds just 2 minutes of real time to whatever is your routine examination and exposes a plethora of crucial information never before evaluated thus giving you a comprehensive picture of your patient supported by evidence of vital importance and elevating the dentist in the health care hierarchy to higher levels of prestige, aura, responsibility and dignity; commensurate with a dramatic increase in income without adding additional time, effort or staff. Also, no new equipment is needed but new thinking is a must.

Biography

Jan Wade Gilbert is the Founder and Owner of WIAN Industries.

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Ray Caruso

Lone Peak Dental Group, USA

Big data? Big deal... what do I do with it?

We all have the luxury of big data surrounding every aspect of our dental offices including new patient visits, average production per visit, cost per acquired patient, twelve-month production average and patient-to-patient referral numbers. We all spend millions of dollars annually on SEO, pay-per-click, direct mail and anything else to get the phone to ring. We see our results daily, weekly and monthly but can't seem to move the needle. We know why it's important and how it is useful for improving operations. But how do you make it just as important to the working dentist at your practices? What's the best delivery method so you can build value in your brand and improve your relationship with your providers? And finally, how do you get buy in from the teams so you can stop spinning your wheels? Ray Caruso brings his unique presentation style of humor mixed with straight-forward common sense, to answer the questions we all want to know. His experience working with a variety of payor-mix offices throughout his career prepares all owners, leaders and teams to unpack office cultures, know doctor and team agendas and deliver on execution and change. You will walk away with the ability to not only interpret and understand data but have tools and concepts to create an action that makes a difference. Ray Caruso is the CEO of Lone Peak Dental Group, a collection of specialty dental practices throughout the United States. His early days with Heartland Dental shaped his business acumen and provided the basis for his growth into new operational roles. He later joined Decision One in Chicago as their COO, tripling their revenue and profits in three years. Finding and getting the most out of amazing people is his greatest strength. At Lone Peak Dental, he built an infrastructure necessary to support and grow it into a \$70million dollar company.

Biography

Ray Caruso is the CEO of Lone Peak Dental Group, USA.

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Anand Suresh

Penang International Dental College, Malaysia

Update on esthetic dentistry

An organized and systematic approach is required to evaluate, diagnose and resolve esthetic problems predictably. It is of prime importance that the final result is not dependent only on the looks alone. Our ultimate goal as clinicians is to achieve pleasing composition in the smile by creating an arrangement of various esthetic elements. This presentation reviews the various principles that govern the art of smile designing. This presentation will provide a basic knowledge to the reader to bring out a functional stable smile.

Biography

Anand Suresh graduated with a Bachelor of Dental surgery in 2008 and went on to complete his Masters in Conservative Dentistry & Endodontics from India in 2012. He is a fellow in the International College of Dentists. He has 6 years of clinical experience in esthetic dentistry and rotary endodontics and during this time he has trained both undergraduate and postgraduate students in India & Malaysia. Teaching has always been his passion and he has a keen interest in training dentists in esthetic dentistry. He is currently working as assistant professor in a private sector in Malaysia.

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A Nayeemullah Khan

Meenakshi Ammal Dental College, India

A critical appraisal of SFOA as compared to traditional surgical orthodontics: A short term experience demonstrated through clinical cases

Orthognathic surgery is gaining more positive response in India over the recent years owing to the increase in awareness of facial esthetics as the priority in undergoing treatment for skeletal malocclusions. Worsening of facial appearance during the period of pre-surgical orthodontics has been the reason for the shift towards a surgery first approach in the management of dentofacial deformities. A universal method for the use of surgery first process is difficult to adapt as the majority of patients worldwide treated by “surgery first” approach belong to skeletal Class III malocclusion. On the contrary, the Indian population showed diversity in ethnic facial pattern and Presented more skeletal Class I and Class II malocclusions. The objective of this paper is to highlight differences in treatment planning and execution of surgical first approach in severe skeletal Class I, Class II and Class III malocclusions and compare them to the conventional orthodontics first approach through ideal clinical scenarios and also critically evaluate the early results achieved.

Biography

A Nayeemullah Khan completed his under-graduation & post-graduation from Meenakshi Ammal Dental College, Chennai. He is presently working as an assistant professor in the Department of Orthodontics and has acquired clinical experience in treating cleft & craniofacial patients under “The Cleft-Children International”-Switzerland (CCI) regional center. He has shown great interest in treating orthognathic patients and is a very active member of the craniofacial team. He has presented various national & international papers in craniofacial orthodontics. In 2016, he was invited as an International Speaker by the Global Conference On dental and oral health held at Dubai to deliver a lecture on SFOA (Surgery First Orthognathic Approach). He had the distinction of being the only Indian speaker & his work was recognized & published in various National & Regional newspapers. In 2017, he was again invited as an International Speaker by the 29th Annual World Dental Congress to deliver a scientific paper presentation at New York, USA, for which, he was felicitated by the Honorable Chief Minister of Tamil Nadu, Mr. Edappadi Palaniswamy, which was also published in various National & Regional newspapers. He has published various articles in orthodontic journals. He is a vivid, resourceful, creative, solution-oriented member of the team. The confidence which he shows in facing the varieties of challenges put forth against him had brought praises from the members of the Cleft and Craniofacial Orthodontic Team. An enthusiastic clinician, he is always looking for greater challenges and stronger competitions both nationally and internationally. He works effectively as a team member under the direction of other team leaders. His career in the institution and work in the surgical team truly reflects his academic standing.

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Phillip G Pitts

Tennessee University of Common Sense, USA

Aerosol ceramic bonded titanium substructures and abutments

Ceramic coated dental abutments offer dental professionals an alternative to zircon abutments in anterior regions of the mouth for esthetics and strength. For many decades dental professionals and dental patients had no alternative for titanium abutments. Esthetics became a problem in many cases as the tissue is translucent, a grey shadow of the alloy would be visible under the tissue above or below the porcelain fused to metal or all ceramic restorations. Dental ceramic manufacturers attempted to resolve the problem with a hand applied bonding agent applied with a brush to the abutment and fired. The next step was to brush on a tooth-colored opaque over the bonding layer to hide the grey alloy. This method was both times consuming and if there was an area that was applied too thick in the bonder the ceramic would delaminate from the abutment or substructure. The alternative became the use of zircon abutments as they are white in color. Even with the strength as with any ceramic when it is thin and unsupported it will break. The problem with zircon used in the anterior regions of the mouth is many times they are small and break during seating or afterward when stressed by the patient in bruxing or biting into food which applied stresses to the anterior restorations causing the zircon abutment to break off the implant in the mouth. To resolve this problem the best alternative was to apply ceramic binder and opaque with the aerosol application. The aerosol application provided the thin even layer of bonder to the abutment or substructure for the optimal strength of bonding colored ceramic to the abutment. This application resulted in the strongest ceramic bond to titanium in the dental profession and the strength of titanium without the grey shadow under the translucent tissue.

Biography

Entrepreneur, out of box thinker, his interest primarily in dentistry. However, as his profile indicates, very open to new challenges, especially when he sees where a trend in technology is moving. He is personable, a people person who enjoys being a team member, being involved in product development, manufacturing, marketing and sales strategies. Training people on new products or technology. Mentoring and having mentors is important to me, he feels everyone has knowledge that they can pass on to others with whom they communicate. Setting goals is very important in life, career and profession. Religion, family, friends, volunteering for wounded warriors and a variety of recreational activities. His hobby is custom knife making for outdoorsmen and collectors.

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Ayman Hegab

Al-Azhar University, Egypt

Mri-based determination of occlusal splint thickness for temporomandibular joint disk derangement: A randomized controlled clinical trial

This prospective study examined a method using magnetic resonance imaging (MRI) to assess the appropriate effective occlusal splint vertical thickness in the management of disk derangement.

Study Design: Patients were diagnosed as having internal disk displacement of the temporomandibular joint and were divided into 2 groups. Group I (disk displacement with reduction) was subdivided randomly into 2 subgroups: subgroup IA (control group) comprising patients treated with 3-mm-thick splints; and subgroup IB (study group) comprising patients treated with MRI-based splint thickness. Group II (disk displacement without reduction) was subdivided randomly into 2 subgroups: subgroup IIA (control group) comprising patients treated with 3-mm-thick splints; and subgroup IIB (study group) comprising patients treated with MRI-based splint thickness. The primary outcome variables were maximum voluntary mouth opening and visual analog scale scores for pain. The secondary outcome variable was joint sound. The final sample was composed of 162 patients (Group I=90 and Group II=72).

Results: Statistical analysis showed significant improvement of the clinical outcomes in subgroups IB and IIB compared with that in subgroups IA and IIA.

Conclusions: On the basis of MRI measurements and clinical outcome, the present study we recommend 4mm and 6mm vertical splint thickness for disk displacement with reduction and disk displacement without reduction, respectively, for 1 year. [sciedirect.com/topics/medicine-and-dentistry/magnetic-resonance-imaging](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6011122/) "Learn more about Magnetic resonance imaging" MRI measurements and clinical outcome, the present study we recommend 4mm and 6mm vertical splint thickness for disk displacement with reduction and disk displacement without reduction, respectively, for 1 year.

Biography

Ayman Hegab is a clinical associate professor of Oral & Maxillofacial Surgery, Faculty of Dental Medicine. Al-Azhar University, Cairo, Egypt. Member of Egyptian Dental Association. Member of the Egyptian Society of Oral & Maxillofacial Surgeon. Doctor's Degree (PhD) of Oral & Maxillofacial Surgery focuses on the Alveolar Cleft, Faculty of Dental Medicine. Al-Azhar University, Cairo, February May 2007. Master's Degree (MSc) of Oral & Maxillofacial Surgery focuses on the TMJ Surgeries, Faculty of Dental Medicine, Al-Azhar University, Cairo, December 2003. Bachelor Degree (BDS) of Dental Medicine & Oral Surgery, Faculty of Dental Medicine, Al-Azhar University, Cairo, May 1997. He has the privilege to design and introduce Tooth-Borne, Custom-Made Distraction Device for closure of the alveolar cleft which is approved by American Journal of Oral and Maxillofacial surgery (Hegab Alveolar Distraction Device). Also, he has the privilege design and introduces split acrylic splint for treatment of pediatric mandibular fracture which approved by the British Journal of Oral and Maxillofacial Surgery (Hegab Pediatric Mandibular Fracture Device). He has over 20 publications in peer-reviewed journals. He is one of AEEDC Young Researcher Award Participants for 2012 & 2013. He was speaker in many of the international conferences in USA, Qatar and UAE.

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James D Bates

Texas Oral and Maxillofacial Surgery, USA

Diagnosis, nonsurgical and surgical treatment of obstructive sleep apnea

Sleep-disordered breathing is a hot topic in dentistry and medicine today. Dentists are in a unique position to screen for, diagnose and treat their patients with obstructive sleep apnea. OSA is a serious, potentially life-threatening condition which can result in hypertension, congestive heart failure and even death. This presentation will cover the screening, diagnosis and contemporary management of sleep-disordered breathing in a comprehensive format, both for the general restorative dentist, the orthodontist and the oral and maxillofacial surgical specialists. From the medical history and clinical examination, to radiographic and diagnostic imaging findings, to a detailed discussion of the clinical polysomnogram and sleep medicine consultation referral, to mandibular advancement oral appliance therapy and CPAP therapy, to Upper airway surgery including uvulopalatopharyngoplasty (UPPP), laser-assisted uvuloplasty (LAUP), nasal septoplasty, inferior turbinectomy, tonsillectomy and adenoidectomy, radiofrequency tongue and soft palate ablation, to maxillomandibular advancement and genioglossus advancement, to tongue and hyoid suspension, this presentation will provide direct and practical real-life ways to improve the health and prolong the life of your patients with maximal fulfillment in return.

Biography

James D Bates, DDS, M.D., is an American board-certified oral and maxillofacial surgeon in active private practice in Dallas, Texas. Originally from Lubbock, Texas, he attended Texas Tech University as an undergraduate. He graduated with many honors from The University of Texas Dental Branch at Houston with a DDS degree and from Texas Tech University School of Medicine with an M.D. degree. In addition, he completed an internship in general surgery at Baylor University Medical Center and completed an accredited residency in oral and Maxillofacial surgery at The University of Texas Health Science Center in Houston. As a part-time faculty member at Texas A&M Baylor College of Dentistry in the Department of Oral and Maxillofacial Surgery, he taught physical examination and internal medicine to graduate students in all specialties as a clinical associate professor for 18 years. As the founder of Texas Oral and Maxillofacial Surgery, his practice is proud to have maintained 12 years of continuous Accreditation as an Office-Based Surgery Practice by the internationally-recognized Joint Commission. His practice focuses on providing full-scope oral and maxillofacial surgery services Including orthognathic and TMJ surgery.

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Medhat Ahmed Abdallah AbdelBaki

King Abdulaziz Univeristy, Saudi Arabia

Clinical evaluation between zirconia crowns and stainless steel crowns in primary molars teeth

Introduction and Research Problem: The aim of this project is to evaluate and compare two full coronal restorations on primary posterior molars over a period of 3, 6 and 12 months in terms of restoration failure, marginal integrity, proximal contact, secondary caries, occlusion and gingival response. The restorations types are Stainless Steel Crowns (SSC) and NuSmile Zirconia Crowns (Nu/ZR).

Materials and Methods: Children attending the King Abdulaziz University, Faculty of Dentistry (KAUFD) clinics who need restorations will be screened for inclusion criteria till 120 teeth are recruited (60 teeth for SSC restorations and 60 for Nu/ZR restorations). The split-mouth technique will be used to ensure equalizing variables for both groups, each patient will have side restored with SSC and the opposite side will be restored with Nu/ZR crowns. Randomization will be done using SPSS software version 20.0 (Armonk, NY; IBM Corp.) for each age group separately with a uniform random variable generation. A simple descriptive statistics will be used for analysis and a T-Test with Wilcoxon Signed-Rank will be used. Level of significance will be set at ($\alpha = 0.05$) and level of confidence at (95%).

Summary of Results: At 6th month all samples under group Zirconia already improved while only 73.3% from SSC while the remaining samples happened to have positive changes at the 12th month. Regarding the plaque retention also the zirconia crowns shows improve performance than SSC.

Conclusion and Recommendations: As both SSC and Zirconia crowns presented to be an excellent choice for posterior teeth restorations, however, we can conclude that zirconia crowns performed better regarding gingival response to the material of restoration and plaque retention despite its high cost.

Biography

Abdallah completed his PhD from University of Alexandria, Egypt & postdoctoral studies from the University of Illinois at Chicago 1983. He has published more than 30 papers in reputed journals and has been serving as an editorial board member of reputed journals.

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Maxim Ashortia

Dental and Academic Center, Russia

WOW effect, client capture using digital technologies

Clients capture using digital technologies, both for laboratories and for dental clinics. Today, a modern dentist and technician have a great opportunity to digitize the patient completely. These are face scans and intraoral scans. Advantages of the laboratory that has acquired these technologies: We can provide dentistry services for "Off-site Laboratory", where our specialist arrives from the laboratory with the equipment, within 20 minutes completely digitizes the patient, conducts a scan of the face, oral cavity and immediately proceeds to the laptop to simulate a virtual wax -up adjusting the aesthetics in the presence of a patient and a doctor, the result is immediately visible on the screen, rotating the patient's 3D face. This business policy in our practice has attracted a large number of new orders, within 3 months, increasing the turnover of the laboratory by 300%. A dentist having such a technology makes a great impression on the patient, the shape and aesthetics of a smile can be adjusted in the presence of a patient, you can create a future design together, patients like it very much, send it to a mobile device for viewing at home. The advantage of an intraoral scanner: after scanning the oral cavity in color, you can display the state of teeth and bite on the large screen, increasing and rotating the scanned jaws, which is more convincing for the patient in the need to treat other teeth. Another application of the intraoral scanner is the "Smile Bank" where you can offer young people the service to scan their beautiful teeth and save STL files in the cloud and if necessary even after 20-40 years you can always go back to the dentist with the request to restore the smile of his youth, having their own young scans. This is just some area of application of digital technologies for increasing the comfort and profit that I would like to share.

Biography

In 2008 Maxim Ashortia graduated from the Moscow State University "Business organization and enterprise management". He is the speaker in the dental industry, the author of courses held in Russia, CIS countries, Europe and the United States. He is the head of the digital technology laboratory and training center "Dental Boutique" included in the list of countries officially recommended by exocad. Leading specialist in the dental industry. He is the creator of the anatomical design of the teeth "Ashortia" for the exocad company, popular with specialists from all over the world, integrated into the world-famous brand.

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DENTISTRY & DENTAL MARKETING

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ORAL CARE & ORAL CANCER

October 24- 25, 2018 | Boston, USA



Emre Ozel

University of Kocaeli, Turkey

Effect of different teas of surface roughness of resin composite

The aim of this study was to investigate the effects of different teas on surface roughness of anterior composites. In this study Gradia direct Anterior, Clearfil Mejisty ES-2, Tokuyama Estelite quick and filtek ultimate were used as composite material. The teas used in the study were Lipton and Rosehip, Lipton black tea & Lipton green tea. For each tea groups 10 samples each different composite material was prepared. Each sample was polymerized from upper from bottom surface for 20 seconds was stored in distilled water at 37°C for 24 hours. Surface roughness measurements were performed at the beginning, at the end of the 15th day and at the end of the one- month by using profilometer. Each composite material was kept in 3 different teas for 30 minutes for twice a day for one month during the morning and evening. Data was statistically analyzed by using one way Anova ($p < 0.05$) initial surface roughness value of Gradia direct anterior (0.751- Ra) and Filtek ultimate (0.900- Ra) presented higher than other two composites ($p < 0.05$). Surface roughness value of all composites storage in Rosehip tea, Black tea and Green tea exhibited similar results at the end of one month. Significant differences were observed among teas for Filtek Ultimate, Gradia Direct Anterior and Tokuyama Estelite Quick at the end of one month. Surface properties of composites used in this study were found to be stable. Tokuyama Estelite quick presented the minimum surface roughness value while the maximum value was Filtek Ultimate.

Biography

Emre Ozel has completed PhD at the age of 29 years from Yeditepe University and post-doctoral studies from University of Kocaeli, Turkey, Faculty of Dentistry. He is the Professor and Dean of University of Kocaeli, Turkey, Faculty of Dentistry. He has published more than 80 papers in reputed journals and has been serving as an editorial board member of repute.

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ORAL CARE & ORAL CANCER

October 24- 25, 2018 | Boston, USA



Kanwaldeep Singh Soodan

Maharishi Markandeshwar University, India

Study of effect of polyvinylpyrrolidone-iodine (PVP-I) 2% as an anti-oedematous agent in third molar surgery

A single-blind randomized control trial was carried out on 50 healthy outpatients who required surgical removal of mandibular third molars under local anesthesia were selected. The patients were divided into 2 groups (n=25), the treatment (PVP-I) and control group (normal saline). The treatment group patients were irrigated using PVP-I 2% (w/v) (Betadine, Win- Medicare, India) during bone guttering and tooth sectioning. The control group patients were irrigated with saline (sodium chloride 0.9%, w/v; Parenteral Drugs, India) only. Procedures that exceeded more than 1 hour were excluded from the study. Using Pederson difficulty index, patients with moderately difficulty index were chosen. All parameters for swelling were recorded preoperatively, on the first, second and seventh postoperative days for both procedures. The data were statistically analyzed using SPSS (version 22.0) software. Independent t-test was applied for an operative time in minutes and the two groups matched ($p>0.05$) for operative time. For change in swelling, T-tests was applied and we found an increase in swelling in the saline group which was highly significant for change from preoperative to day 2 ($p=0.005$) and from preoperative to day 7 ($p\text{-value}<0.001$). Mean for Pederson index for betadine and saline group was found out to be same ($P=1$). PVP-I 2% was found out to be significantly reducing swelling as compared to saline suggesting that it acts as an anti-oedematous agent in mandibular third molar surgery.

Biography

Kanwaldeep Singh Soodan is associate professor/reader at MM College of Dental Sciences and Research, India. He completed his BDS from Magadh University (India) in 2003. He did his MDS (Oral & Maxillofacial Surgery) from Bharati Vidyapeeth University, Pune (India) in 2009. He has working experience in Cleft & Cranio-maxillofacial Surgery Unit (Chennai, India) and Tata Memorial Cancer Hospital (Mumbai, India). He has published 15 international and 14 national articles till date. He has 8 International book publications to his credit. During his post as Associate professor/Reader, he has completed 2 Research works and in progress with 2 more. He has done international and national presentations. He has received appreciation letters from patients and principals of college. He is Editorial board member to 5 international Journals, 4 national journals and Reviewer to Pubmed indexed journal. He was nominated for "Academician of year" award at Famdent dental excellence award, Mumbai, India in 2016. He has acted as "Chairperson" during the scientific deliberations at State level and Annual conference of AOMSI.

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36th International Conference on

DENTISTRY & DENTAL MARKETING

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18th Annual Meeting on

ORAL CARE & ORAL CANCER

October 24- 25, 2018 | Boston, USA



Abdul Waleed Nejrab

Kabul University of Medical Sciences, Afghanistan

Dental Marketing and network issues

Dentistry is a humble profession that needs planning and preparation. The stages of dental practice may make or break your practice. This lecture provides guidelines to your practice life cycle and how/what approach to use per stage. When do you start and when are you going to stop your practice?

Inside the program:

Introduction to your IDEA

One by one stage

Marketing Program for your practice.

Objective of the Lecture:

The lecturer's objective is to be able to share and help each and every practicing dentist

Identify where they are and where they are heading.

Biography

Abdul Waleed Nejrab is working as a professor in Kabul University of Medical Sciences, Afghanistan

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DENTISTRY & DENTAL MARKETING

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ORAL CARE & ORAL CANCER

October 24- 25, 2018 | Boston, USA



Jona J Sela

The Hebrew University, Israel

Basic aspects of bone reaction to implants

A large variety of metal and ceramic devices are being introduced, on a daily basis, into bones. The appliances are implanted in order to enhance healing, function and mobility. Bone repair adjacent to implants is a multi-factorial process wherein, the foreign material is required, ideally, to produce a state of non-interference with normal osseous regeneration. The added value of implant introduction comprises restoration of biomechanical properties. Ultimately, this process should involve an improved formation of the mineralized matrix at the injured sites and an enhanced positive shift of bone remodeling balance. Specifically, implant effect on bone healing involves a range of environmental, endocrine, mechanical and chemical variables leading to changes in tissue, cell and gene expression. This is presented by the enhancement of guided action of osteoblasts and chondroblast to produce osseous tissues that restore the skeletal load bearing capacity. Concomitantly, osteoclasts are involved in the shaping of tissue healing. Recently, regulatory aspects of bone remodeling have been revealed. The findings disclosed new modalities for induction, enhancement and guided repair in conditions such as intraosseous implants, nonunion fractures and critical size defects. Various approaches to the treatment of these conditions are currently under basic, translational and clinical research. These range from advanced methods for tissue engineering, gene and cell therapies involving identification of active molecular target approach to the development of sophisticated biomaterials for implant surgery. In view of the multidisciplinary nature of these efforts, the present talk addresses modern aspects of bone healing, with a special attempt to enhance convergence of different experimental and clinical approaches designed for the study of implants and bone healing in its diverse forms and under various conditions. The information and ideas provided should be of value for the understanding of implant rejection in particular and at a broader view, to the experimental skeletal biologists and clinicians in the perception of healing and regenerative processes.

Biography

Jona J Sela has been appointed full professor of Oral Pathology by The Hebrew University, Jerusalem, Israel at the age of 40 years. He served as Head, Division of Oral Pathology and Chaired the Institute of Dental Research. Currently, director of the Laboratory of Biomineralization. He authored more than 250 publications including books and has been serving as on editorial boards. His research interests comprise gene-expression of bone cells around dental and orthopedic implants. His book "Principles of Bone Regeneration" was published by Springer Verlag US.

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