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(10 Watt)

Foot Pedal
(Wireless)

WHY ZOLAR LASERS?

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- User Friendly Interface. Password Protection
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- Post Warranty Support
- 21/22 Preset Programs

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- Cutting Fibre With Metal Hand Piece
- Foot Pedal with Wire

VERSIONS AVAILABLE

- Photon - 3 watt (810nm)
- Photon Plus - 10 watt (980nm)

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1 // Maestro 3D Open Dental Scanner



Maestro 3D is the scanner for dental applications. The system simplifies and automates the process of planning and production of personalized dental prostheses. **Maestro 3D** dental scanner allows the user to get in a simple and intuitive way, with a precision of 10 microns, the open STL files that will leave the user the free choice of the center of production.

Maestro 3D Easy Dental Scan is the scan control software of the dental scanner.

Maestro 3D Ortho Studio is the software for orthodontics.

- Virtual Setup and Clear Aligner module: it allows to move the teeth of both arches evaluating distances and collisions and automatically build a set of virtual models ready to send to a 3d printer.
- the viewer version: is the software to view and inspect the models exported with Ortho Studio. (It's also available an Apple iPad Viewer).

www.age-solutions.com / www.maestro3d.com / info@age-solutions.com



2 // Design meets ergonomics! New NEO dental unit from Fimet Oy



In the NEO dental unit, innovative new solutions meet stylish design. The NEO dental units are ergonomic, high-quality systems that can be customized to meet the needs of different customers. The motion range of the NEO dental unit is very wide, making it comfortable and ergonomic to use. There are multiple adjustment options to ensure comfort. The chair height can be set from 45 to 95 cm, ergonomically designed to ensure a comfortable working position while sitting or standing. The chair can be turned 45° in both directions. The suction head is adjustable from the "3 o'clock" to the "9 o'clock" position. Additionally, the cuspidor can be turned sideways 90°, providing more work space for the assistant.

The dental unit can be controlled with a wireless multi-control foot switch, joysticks and buttons on the instrument bridge and suction head. All user interfaces are clear and user-friendly.

www.fimet.fi / fimet@fimet.fi



3 // Brief Introduction of Shenghua Industry



Guangzhou Conghua Shenghua Industry Co. Ltd. (3H Dental) was established in 1997. Specializing in R&D and manufacturing of dental products: curing-light, scaler and glass optic fiber, scaler tip, etc. We adhere to the concept of producing the goods that customers request, innovating continuously for excellence, providing customers with the best products and services. We were accredited by ISO 9001 and ISO 13485 quality control system, Medical Device Registration Form and EU CE mark. All products have high quality at a low price and they are exported to more than 90 countries worldwide. We have a very high – reputation according to users around the world.

www.shenghua-industry.com / sale@shenghua.com



4 // TRAUS (LED)-A desire for implant engine



SAESHIN PRECISION CO., LTD is the only manufacturer of contra angle, reduction geared angle, and implant engine in Korea. With our own technology and know-how, we developed TRAUS series which is implant engine set with LED function first in Korea. TRAUS-It works like a dream.

Product Features:

- RPM : (20:1) 30rpm ~2,000rpm / (32:1) 20rpm ~1,250rpm
- Torque : (20:1) 5.0 ~ 55Ncm / (32:1) 5.0 ~65Ncm
- Gear ratio : 1:5, 1:4, 1:1, 16:1, 20:1, 27:1, 32:1, 64:1
- Contra angle: TRAUS CRB26LX (Optic) / TRAUS CRB26XX (Non Optic)
- E-type motor: TRAUS MBP10SL (Optic) / TRAUS MBP10SX (Non Optic)
BLDC motor 0~40,000rpm
ISO 3964 standard
- Maximum Pump: Max.75mL/min
- LED (25,000 Lux)
- 9 Programs memory function
- Automatic overload protection function
- Display of actual RPM and torque on operating for proper working condition
- Ergonomic foot controller
- Optic function (Optional)

sales@saeshin.com / www.saeshin.com



5 // KIT P.E.C. Piezo Expansion Crest



To Use with Silfradent SURGYBONE SB 300 Ultrasound Surgery machine. P.E.C Non-traumatic inserts for crest expansion and for the preparation of the implantation tunnel.

- Born out of a long experience developed by assiduously employing piezoelectric technology in biosurgery;

- Designed and manufactured to meet common surgery requirements, namely high control with low biological impact;
- Reduce operation trauma to a minimum and make it possible to expand the alveolar crest with maximum simplicity, compacts the bone and prepares the implantation tunnel, eliminating the use of rotating drills and all other system currently in use.

P.E.C. Technique:

- Use bone viscoelasticity properties;
- Obtains permanent and passive bone crest plastic deformation, devoid of strains;
- Its particular design allows rapid progression with full bone preservation;
- The use of P.E.C. inserts biostimulates tissues;
- Intensifies natural regenerative properties.

Original, innovative technique created by Doctor Lancieri.

www.silfradent.com



6 // Normon: Experience and Technology on the manufacturing of dental anaesthesia



Normon, the generic manufacturer leader in Spain, and also the leader in dental cartridges with more than 60% share of market, is now ready to offer its manufacturing experience to companies throughout worldwide. The main concerns of the companies, seeking for cartridges manufacturers are quality, guarantee on supply and regulatory support.

Normon, continuously updates the manufacturing plant. Estimated annual production capacity is

over 130 million units of pharmaceutical products (116 million in 2011).

The new investments in the latest technology in dental cartridges manufacturing lead Normon not only to commit with the customers needs but to be able to follow up the possible growth of its partners even facing an unexpected success. Normon has launched European procedure to obtain the necessary Marketing Authorisation for these pharmaceutical specialties, so the interested customers will only need to join the procedures at advanced stages.

www.normon.es/snava@normon.com



7 // ZenDent - the genous universal non-scratching X-ray film



Zenith Dental ApS is a dental distributor in Denmark since 1949 with offices in Denmark and Norway. We are looking for distributors of selected innovative products and companies interested in good offers. ZenDent is a universal x-ray film holder that is tested and recommended by the Dental School in Aarhus in Denmark.

Zendent has following advantages:

- No scratching and no disturbance of films and sensors
- Universal. Can be placed in all positions (bite-wing, vertical bite-wing and peri-apical position)
- Easier to place and faster
- Adjustable bite block
- Pleasant for patient
- For x-ray films and for digital phosphor film sensors

www.zenith-dental.dk/cg@zenith-dental.dk



8 // Vipi Block For Milling Machines In Cad/Cam Systems



Our experience and excellence on TOOTH MANUFACTURING, gave us the opportunity to follow the dental market technical evolution by transferring our knowledge to the blanks for cad/cam system and to maintain our service and support to distributors and end users worldwide. VIPI BLOCK is used in the milling technique of dental surgical guide, temporary crown and bridges, casting patterns, fixed single prosthesis and fixed multiple prosthesis by CAD/CAM system of various manufactures. Our Company is ISO 9001 and 13485 and our VIPI BLOCK (Blank) is CE, FDA and GMP (Good Manufacturing Practices - Brazilian) certified to attend every countries quality demands.

www.vipi.com.br/international@vipi.com.br



9 // DenFil™, Light-Cured Restorative Hybrid Composite Resin, manufactured by VERICOM CO.,LTD

VERICOM
Making the World Smile

• DenFil™ is a light-cured restorative hybrid composite resin for use in both Posterior and Anterior restorations.
• It is designed for minimizing polymerization shrinkage by inorganic fillers high loading, thus DenFil™ has excellent marginal sealing and surface texture.

- By adopting optimal polymerization initiator system, DenFil™ has high strength and abrasion resistance.
- As DenFil™ contains radiopaque filler, any diagnosis using X-ray is convenient.
- Customized order pack and 16 shades.
- More than 80 countries love DenFil™ for its reasonable price, excellent workability and user-friendliness.
- CE0120, ISO9001, FDA 510K Certified.

Vericom, established in Mar. 1998, has been targeting "Achieving Supreme Value, Healthy and Beautiful tooth with Vericom" and producing dental materials through continuous research and development. We, Vericom, as a unique dental materials (Restorative, Etchants, Endodontics, Disinfections, Bonding, impression materials & etc) and devices manufacturer in Korea, are leading Korean dental industry with excellent technologies.

www.vericom.co.kr / vericom@vericom.co.kr Visit us at ADF (Association Dentaire Francaise) Stand 1 N21



10 // WR Rayson Export Ltd.



W.R. Rayson Export, Ltd. is a highly respected manufacturer of quality products for the dental, laboratory, salon and spa industries. Many of our products, including a variety of dental articulating papers, can be manufactured to customer specifications at our Burgaw North Carolina USA facility. Our commitment to the needs of our customers has earned us a reputation as an industry leader

for over 50 years. We offer a wide range of outstanding dental and laboratory products with very competitive pricing. What separates us from other manufacturers is that we can give you personalized service by putting your label on the products purchased from us. Smaller quantities are not a problem as we have in-house printing and converting capabilities. Simply provide your own artwork or have our Production Team create package designs for you. We look forward to manufacturing and custom packaging your products.

www.wrraysonexport.com / info@wrrayson.com



11 // Perfex Ltd.



Perfex develops continuously innovative new formulas of thermoplastic compounds, by injection molding systems for dental laboratories, allowing the creation of durable, light weight and natural looking dentures with invisible clasps. We are proud to introduce, a premium thermoplastic material T-CRYSTAL the most advanced thermoplastic for aesthetic and comfort dentures of today's modern dentistry:

- Can be relined with conventional acrylics
- Suitable for all kind of dentures
- Invisible partial dentures
- Implant-supported dentures
- Full dentures, mini dentures, night guards and more.
- No need of a metal construction for reinforcement, very easy to polish.

Our current line of new formulas of improved thermoplastics:

- T-crystal – for all kind of dentures in top 12 innovations for IDS 2011!!
- Flexi nylon – for flexible partials.
- Acetal –tooth and pink shades for temporary crowns and frame works
- Acry free – non-allergenic acrylic for full and partial dentures
- Besides a high-quality line of materials Perfex offers a compact-automatic injector
- SMART 101 for all kind of thermoplastics provides excellent results and low cost maintenance, includes a complete initial starter kit set.

QUALITY

Perfex takes pride in a stringent adherence to quality manufacturing standards:

ISO13485:2003 & ISO 9001:2008, thus assuring customers of consistent products with predictable results.

Perfex quality standards also meet the rigid specifications of the European CE mark Perfex thermoplastics are biocompatible and non-allergenic.

Perfex owns a dental laboratory at Perfex company for training courses dedicated to training our dealers and customers, we also provides full on-site product training for dentists and dental technicians.

Dealers are welcome

info@perfexltd.com / www.perfexltd.com Visit us at IDS 2013 - Koln Germany hall 10.1 stand A-050g



12 // Unique Award Winning Products offered by AdDent, Inc



AdDent's, unique award winning products, are made in the U.S.A. and are FDA cleared and CE certified. Our products include:

Calset Composite Warmer to increase the depth of cure, reduce the curing time, improve marginal adaptation and reduce microleakage. Permits the most highly filled composite to be dispensed easily and accurately. **CoMax Advanced Composite Dispenser** for easy to extrude highly viscous composite. It features one hand unloading and is completely autoclavable. **Trimax Composite Instrument** for posterior composite restorations. Produces easy, reliable proximal contacts. **Microlux Diagnostic**

System for diagnosis of -proximal caries periodontics, endodontics crown and root fractures, lighted mirror and oral cancer screening. **Rite Lite LED Shade Matching Light** Provides 5500 degree K light spectra for shade matching of porcelain and composites. AdDent is looking for international dealers. Please visit our website, or contact, Malena Pereyra at mpereyra@addent.com



www.addent.com/mpereyra@addent.com Visit us at **IDS Cologne K-057 Hall 4.2**

13 // Dental Simulator



ASTRA proposes a new simple nevertheless efficient solution for the dental education. The dental simulation workbench can be used in universities and in training centres for students of dentistry. The unit is supplied with pending strings, led turbine, electrical micromotor with speed and rotation control, a 3-function air gun, automatical instrument selection and spray adjustment in the instruments. The energy saving, long lasting and cold light led lamp is also equipped with autoclavable handles, articulated arm and functioning sensor. A support for monitor can be added to the arm. The phantom can be placed under the table to allow for more space during theoretical classes. All components are mainly of Italian and European origin. ASTRA's dental simulator can definitely help the future dentist to put into practice the techniques he is taught. The various devices make up a system that enables the practice of real-life interventions on patients.



The phantom can be placed under the table to allow for more space during theoretical classes. All components are mainly of Italian and European origin. ASTRA's dental simulator can definitely help the future dentist to put into practice the techniques he is taught. The various devices make up a system that enables the practice of real-life interventions on patients.

www.astrastyl.it

14 // Mexpo International Inc.: product quality, reliability and service



For more than 23 years, Mexpo International Inc. has been committed to product quality, reliability and service. Blossom brand has strong world-wide recognition in the dental and medical market. Our quality unique products have been sold in over 100 countries and our distributorship network continuing to growth. We value our business relationships, thus as a result, we make it a point to provide an extensive and unique product line. Our specialty gloves include:

a) Powder Free Latex Exam Gloves with aloe vera. b) Powder Free Latex Exam Gloves with aloe vera + vitamin E

- c) Powder Free Nitrile Exam Gloves with aloe vera
- d) Powder Free Latex Examination gloves with pH5.5
- e) Powder Free White opaque vinyl gloves
- f) Green Mint Latex Exam Gloves
- g) Powder Free Dark Blue Soft Nitrile Exam Gloves

The aloe vera gloves have received a 96% rating (5 +) by The Dental Advisor (Vol. 17, no. 10 December 2000). This superior product has also awarded the Gold Medal by the Poznań International Fair (Dentistry Fair - Saldent 2007)



www.blossom-disposables.com/blossomglo@aol.com

15 // Nova Instruments



Nova dental instruments offer excellent quality at competitive prices, backed with outstanding service. From explorers, probes, excavators and carvers, to scalers, forceps, mirrors and syringes, every instrument is manufactured by highly skilled craftsmen at Dentafix – the international experts in precision engineering who have been producing dental and surgical instruments for more than 30 years, and now craft more than 40,000 each month. Nova insists on using the highest quality 440C and T303/440A grade stainless steel, with enhanced heat treatment for increased strength, resistance to wear, and long life. Nova has just launched a new range of ergonomic mirror handles in four distinctive colours. Other recent innovations include Titanium Nitride tip composite instruments, silicone handle periodontal instruments plus a lightweight resin handle range. And it's not just about great products – Nova provides excellent dealer network support, including quality photography, catalogues, advertisements, exhibition artwork plus a detailed website.



Nova has just launched a new range of ergonomic mirror handles in four distinctive colours. Other recent innovations include Titanium Nitride tip composite instruments, silicone handle periodontal instruments plus a lightweight resin handle range. And it's not just about great products – Nova provides excellent dealer network support, including quality photography, catalogues, advertisements, exhibition artwork plus a detailed website.

www.nova-instruments.com

16 // Beta Obturation Gun



B & L Biotech is pleased to introduce the Beta Obturation device, designed for warm gutta percha techniques, such as backfilling a canal with warm vertical obturation, or with a complete fill technique (injecting from the apex up). Perfectly complementing B&L's Alpha heat source, the Beta unit provides simplicity, operator ease and comfort, and durability into this cordless injectible obturation gun. Equipped

with a durable rechargeable battery, mounting easily in a charge cradle, the Beta will give over 4 hours of continuous use on a single charge. Unique design features include a patented 360 degree swivel needle, allowing the operator to change the angle of entry to any canal, especially convenient for hard to reach maxillary cases. The handpiece is lightweight and ergonomic for operators with large or very small hands. With many Doctors using multiple endodontic devices now in their practice, a reliable, cordless obturation device helps reduce clutter, and adds ease of portability between operatories. Our Super Endo Beta unit now comes in white as well as black.



Super Endo Alpha A² Heat Source

B&L Biotech has introduced the Alpha A² Heat Source, a multitask, precision obturation instrument for warm Gutta Percha techniques. This well designed, ergonomic handpiece easily facilitates the Schilder warm vertical and Buchanan "continuous wave" techniques, among others, with 4 precise temperature settings. Powered by a state of the art, re-chargeable lithium ion battery, the Alpha will last for days on a single charge and has a series of green LED's to monitor battery power remaining. Of course, the cordless handpiece eliminates the cumbersome cord common to all other endodontic equipment, reducing operator clutter and enhancing its portability. Twelve different tips are available, including a wide range of pluggers in different diameters and tapers, heat carrier tips, and a unique tip for thermal testing tooth vitality. Made from highly durable materials, the Alpha A² will stand up to the demands of the busiest endodontic practice. Super Alpha now is available in white as well as black.



www.bnlbio.com/bdshefsky@bnlbio.com Visit us at IDS: USA Pavilion, Halle 4.2, Stand L-59

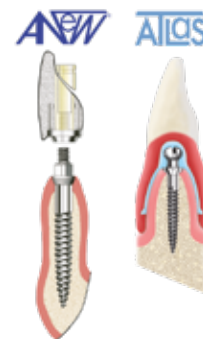
17 // Narrow-Body Implants: Easy to Learn & Implement, Life Changing for Your Patients



With a comprehensive line of Narrow-Body Implants, Dentatus AB advances the field of implantology. They are ideal for patients who have limited interdental spaces, insufficient bone level requiring otherwise lengthy bone augmentation procedures, or financial constraints. The recommended surgical techniques allow minimally invasive flapless placement and immediate loading. This minimizes most post operative challenges and dramatically reduces the total time in treatment. These implants solve the time and money problems for most patients who otherwise will not proceed with the treatment. Implants for both systems are available in 1.8, 2.2 & 2.4mm diameters with thread lengths of 7, 10 & 14mm.

The systems are CE marked and FDA approved for long-term use and for any length of time as decided by the healthcare provider. Dentatus arranges hands-on courses for the Atlas and Anew Implant Systems in different countries during the year. For more information please contact us.

www.dentatus.com-info@dentatus.se



18 // Dr. Friendly® Sterile Single-Pouched Diamond Burs by MDT Micro Diamond Technologies



Sterile FG Diamond burs are efficient and cost effective. MDT quality Sterile Diamonds are packed automatically in a Class 10 Clean Room then Gamma Radiated. The packing conditions and premium materials ensure 5 years sterilization validity. A new, sterile instrument is opened and used for each procedure. Fresh burs are always sharp and fast cutting. A clean dependable performance is guaranteed with every procedure.

Less pressure is applied reducing heat build-up. Patient discomfort is decreased; chair time shortened. The need to clean, disinfect and sterilize used burs is eliminated saving time and money. Risk of infection and cross contamination is significantly reduced. Higher safety precautions safeguard the patient, the dentist and dental assistants.

Productivity is enhanced. Dr. Friendly®, an asset to any dental practice. MDT®, Efficiency in your hands.

www.mdt dental.com/info@mdtdental.com



19 // Nano Loupe Light by DentLight



The award-winning Nano has the ideal combination of size and power in clinical shadow free illumination. It is "the smallest most comfortable loupe lights" at 6 grams in headlamp, with the industry's thinnest 1.8mm Teflon strong wire and a focused beam of 45,000 lux for minimum glare. Coming with two digital battery packs more than half the size of other lights that run up to 12 hours on a single charge, Nano fits on all eye wears and loupes for increased vision, efficiency and profitability in addition to better oral care for your patient.

Nano comes with 1 headlamp, 2 battery packs, 1 battery pouch, 1 power adapter, 1 universal loupe/glasses mounting adapter, 1 clip-on and flip-up composite filter, & 1 owner's manual.

www.dentlight.com - Call 1-972-889-8857



20 // Since 30 years your ergonomic requirements are our challenge!



Since 1981 Diagram production includes equipment for dental practices and laboratories, dental materials, products for hygiene and sterilisation such as needle burners, car poule warmer/needle burners, steamjet cleaners, UV curing-light ovens, accessories and materials for composites, new techniques methods such as transparent silicon-

rubber. Diagram activity also focuses on the implementation of new techniques permitting the optimisation of both equipment and working methods. For these reasons the company produces and offers layouts and know-how for:

- **RESIN INJECTION SYSTEM** for the fabrication of prostheses with any kind of resin;
- **ULTRAKERAMIC** method reproducing the wax model directly in ceramics and availing the advantages in terms of color and shaping of this material;
- **DIRECT COMPOSITE RESIN RESTORATIONS:** Giotto 101 Composite Painting Palette is the first device able to aid in controlling the fluidity of various portions of composite materials simultaneously and in minimum portions.

Diagram manufactures with your private label too.

www.diagram.it / info@diagram.it



21 // Sabilex Injection System- Metal Free Dentures-Flexible Partial



Sabilex has been a leading manufacturer since 1951. High quality products, new technology and constant research have been the main concerns of the company to always achieve excellence and reliability. Sabilex offers one of the most advanced injection systems in the market. It includes:

1) Sabilex Injection Machines:

- Fully automatic • Compact Design • Weight 12kg • Easy programming • CE

2) Sabilex Injection Materials:

4 CE certified versatile multi-property materials to elaborate dentures:

- Flexifast and Flexiultra for the making of flexible partials.
- Acrifast, a monomer free thermoplastic acrylic for the making of full and partial dentures.
- Flexiacetal for the making of aesthetic retainers, frameworks and more

3) Vacuum sealed ready to use cartridges

4) SabilexMarketing and Training Support

Quality marketing materials and support for Dealers, Dentists, Labs and Patients.

Sabilex exports worldwide. Interested dealers are welcomed to contact us.

www.sabilex.com / info@sabilex.com Visit us at IDS 2013: Hall 11.2



22 // Dia-Plus™ G7/Single Component Self-Etching Light-Cured Bonding Agent



This innovative 7th Generation bonding agent can offer superior and consistent bonding results on dentin and enamel with one bottle, one coat self-etching bonding agent system. It has Etch, Desensitize, Prime and Bond all with one-bottle, one coat bonding system and no separate etching.

- Fast 3 steps(less than 35 sec) reduces the risk of contamination
- Offer a tight and long-lasting bond
- Strong and tight bond to dentin and enamel
- Consistent and a long term bond strength with the unique Nano-Filler
- Remarkable thin bonding layer for the easy application



www.diadent.co.kr / diadent@diadent.co.kr Visit us at IDS 2013: Aisle B #078 Hall 11.3

23 // New Implant LED Motor manufactured by Mariotti



MiniUnikoC.L combines ease of use and practicality with second-to-none performances concerning the torque value, it's endowed with full safety and operating precision with every implant system and it's compatible with handpieces and contra-angles (with or without optic fiber) found on today's market. The device set includes the control-unit with a wide display and a capacitive "touch" keyboard for an immediate use and the brushless motor of the newest generation with high luminosity LED light.

Moreover the set contains the multi-function foot-control, the stainless steel bar, the handpiece support and two irrigation tubes. The maximum Torque is limited to 60Ncm, the peristaltic pump maximum irrigation is 90 ml/min, the control-unit dimension is mm 245x245x100. The Spraying is adjustable through the peristaltic pump until a flow rate of 90 ml/min. The multi-function foot-pedal controls the motor (with variable speed), the reverse, the spraying and it can retrieve the 10 saved user programs.



Machine for guided surgery system

MARIOTTI&C Italy introduces the new milling-machine with guided surgery system. The BRAVO.6 is, at the same time, a complete manual milling-machine/parallelometer for the standard dental laboratory milling but, especially, it's a complete machine for the drilling of the surgical guides. This system works with all the kind of implants thanks to the combination with a 3D software that gives the parameters to set in the 5 dimensions model-table. Available S3D, the 3D software for computer simulation, compatible with all the implant systems designed for guided surgery.

Main specifications: 2000÷30000 rpm micromotor with internal led light, power supply with speed and reverse display, dial gauge 0.01mm for vertical movement reading. The set included the 5D model-table with n.2 digital 0.001 micrometers for linear movements, n.3 rotations with 1° graduation, reference system for sure model positioning (3 rotations and 2 linear movements) and model base mold with fixing system.

www.mariotti-italy.com / info@mariotti-italy.com



24 // Peri-Implantitis Kit - Kit I67I/3



The bacterial aggression observed on the neck portion of the implants is similar to the bacterial aggression noticeable at the mucogingival junction of the tooth. Steel instruments contaminate the titanium of the implants while plastic instruments are rather coarse with bevel edges which do not remove the infected portion. Hence the need of using instruments made of Titanium, the most suitable solution for a real

efficient and fully safe handling on and close to the implants sites.

Medesy Peri-Implantitis Kit is composed by:

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- Titanium scaler H6-H7
- Tray - Gammafix series
- Titanium 4R/4L Columbia curettes
- Probe CP15 with titanium marks

This tray is part of Gammafix, the new range of sterilization trays by Medesy.

www.medesy.it



25 // Piezo ultrasonic scalers



Baolai Medical professionally designs and manufactures the piezo ultrasonic scaler. We are the first one launching 'No cracking' aluminum alloy detachable handpiece and 'No consumables' auto-water supply scaler in the world. All products obtain CE certificate as well as 22 national patents.

P9 auto-water supply ultrasonic scaler: PIONEER!

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-Dr. Noah Chivian

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26 // nopa Instruments Medizintechnik GmbH, Germany



nopa instruments has been a reputable manufacturer on the market for medical instruments for almost 30 years. Based at the international centre for medical technology in Tuttlingen, we operate in 90 countries to provide our partners and customers with a broad range of surgical and endoscopy instruments. nopa instruments boast unbeatable value for money, which enables our partners to remain highly competitive. Our company is characterised by a high level of stock availability and the unique possibility of

online stock checking as well as our excellent and complete catalogue material, which enjoys an unrivalled reputation in the entire sector. These are just some of the reasons why we are among the top 5 instrument makers in Tuttlingen.

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27 // The I-Max Touch 3D new dimension in diagnostics



The I-Max Touch 3D, the latest generation of Owandy digital imaging solutions is progressive, is simple and fast.

- **Universal 3D volume**

Thanks to its 9.3 cm diameter, 8,3 cm high volume, the I-Max Touch 3D guarantees the capture of the entire jaw with a single exposure, including impacted molars and regardless of the patient morphology.

- **3 Acquisition modes in one device**

The I-Max Touch 3D panoramic unit is a progressive, cost-effective solution that produces high quality images. It offers the possibility of conducting 3D examinations and also of acquiring true panoramic and cephalometric (optional) X-rays without reconstruction via the 3D volume.

- **High definition Flat Panel sensor**

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- **Ceph ready**

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28 // Nova DFL Articaïne 4% with epinephrine !:100.000 / !:200.000



Nova DFL is one of the biggest world manufacturer and presents a full range of dental materials: Whitening products, Composites, Bonds, Glass Ionomers, Impression materials, Needles, X-Rays films, Sealants and more. One of the best-selling is Nova DFL Articaïne 4% with epinephrine, which is indicated for cases that require palatal anesthesia, complex procedures and surgical treatments in general.



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29 // DUOPAD: digital control made simple



Now you can add digital control to your dental Unit very easily ! With the new compact DUOPAD control panel, you can now easily install and control two instruments: the DEFINITIVE®LED electric brushless micromotor and the TITANUS®E piezo-electric scaler. An option for control of a third instrument is also possible. The DUOPAD control box is meant to be easily fixed to the existing dental Unit's frame and can be directly connected to the BMC40 and/or TN250 electronic boards.

It is possible to choose the instrument and select its appropriate operating mode. Commands and information are exchanged via the integrated RS232 serial ports. Information on the status of the active instrument is clearly displayed on the LCD graphic interface. Both the DEFINITIVE®LED 3-phase induction electric micromotor and the TITANUS®E piezo-electric scaler are the well-known high-efficiency instruments which feature extremely high power and reliability.

info@teknedental.com / www.teknedental.com



30 // Posdion : Dental Portable X-ray system, Rextar X



Posdion Co., Ltd, one of the leading Korean company of dental X-ray system has introduced the newest product, Rextar X. It is one of the most advanced and featured dental x-ray systems on the market today. By using Toshiba D-041 tube with 0.4mm focal spot and 12° target angle, Rextar X provides the highest resolution images of radiography. Also it has been designed with leaded double-shield, protect patient and operator from leakage radiation almost eliminated. The most notable feature of Rextar X is compact

size. This light weight and ergonomic design enable to make an exposure with only one hand by maximizing the portability. Rextar X also has ability to set up exposure time automatically or manually. On automatically, all exposure settings are grouped (Child and Adult selection mode / Tooth type selection mode), so they are easy to understand and operate. Our company worked in close collaboration with Samsung on the upgrade of the battery model. Now, user can use our Rextar X with satisfaction for better specification of the new battery and smart inward system.

THE HIGHEST SPECIFICATIONS

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- The Powerful tube voltage & current : 70Kv / 2mA
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31 // A good friend of your life-Tribest, try do the best!



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32 // Trident for your satisfaction



We are proud and excited to announce the alliance between Trident and New Idem; Trident is now the international sole distributor of this historical Italian brand. With this project, we expect to renew the success that Idem achieved 40 years ago, when this company presented COLIBRI, the S.P.R.I.D.O. dental unit for the very first time in the world:



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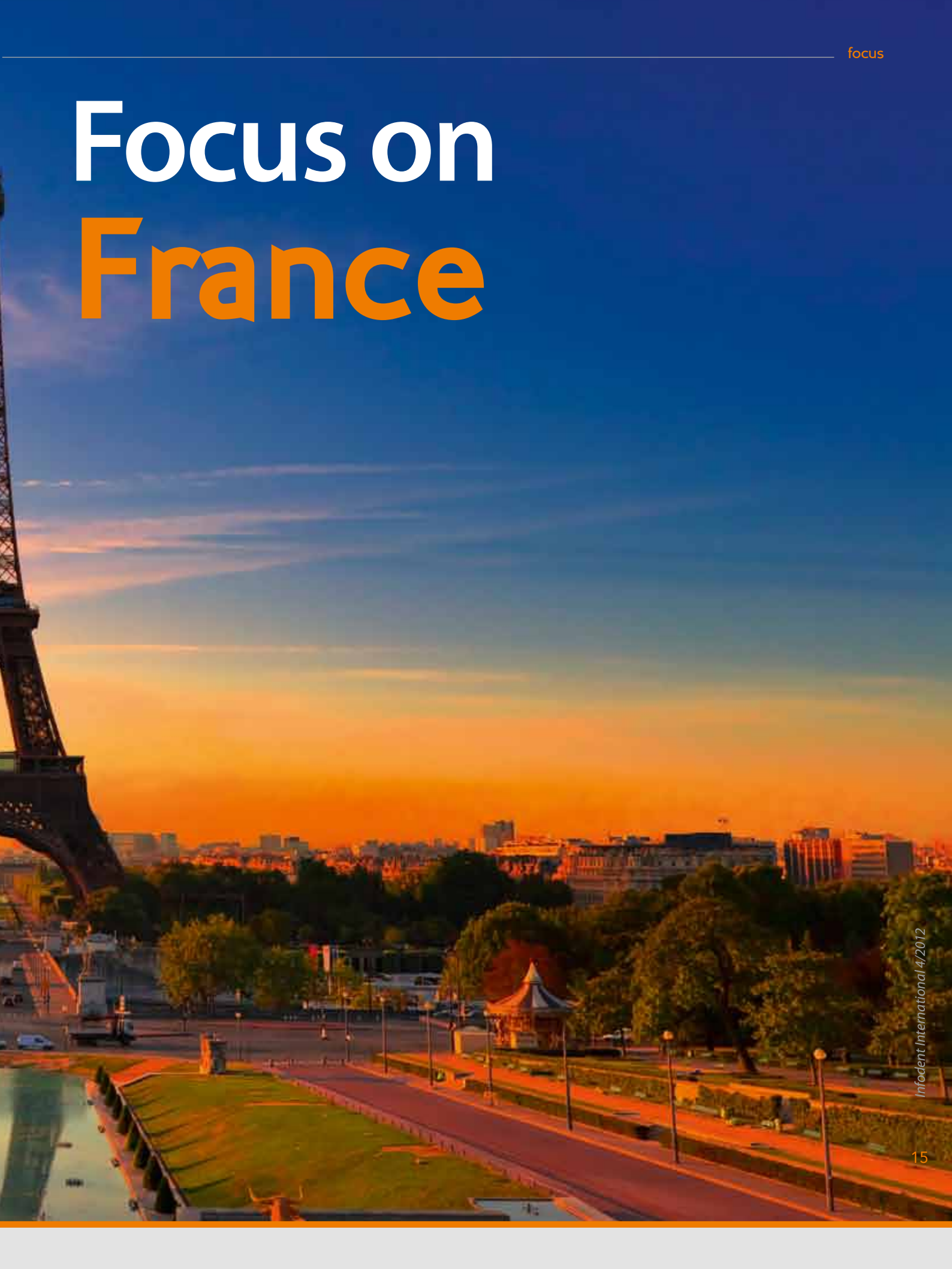
- a new model with smart and compact design, best price-quality ratio.
- a new concept of modular/customizable unit.
- a top quality Italian design, firmness, high performance, multi-features unit.

These dental units are available in different version as cart, sprido, international; they are made with a perfect quality control, considering the importance of combining hygiene, appearance and long-lasting efficiency. We are arranging other great innovations for the next IDS COLOGNE 2013, stay tuned! TRIDENT: sterilizing systems, dental unit and ...MORE IS COMING SOON!

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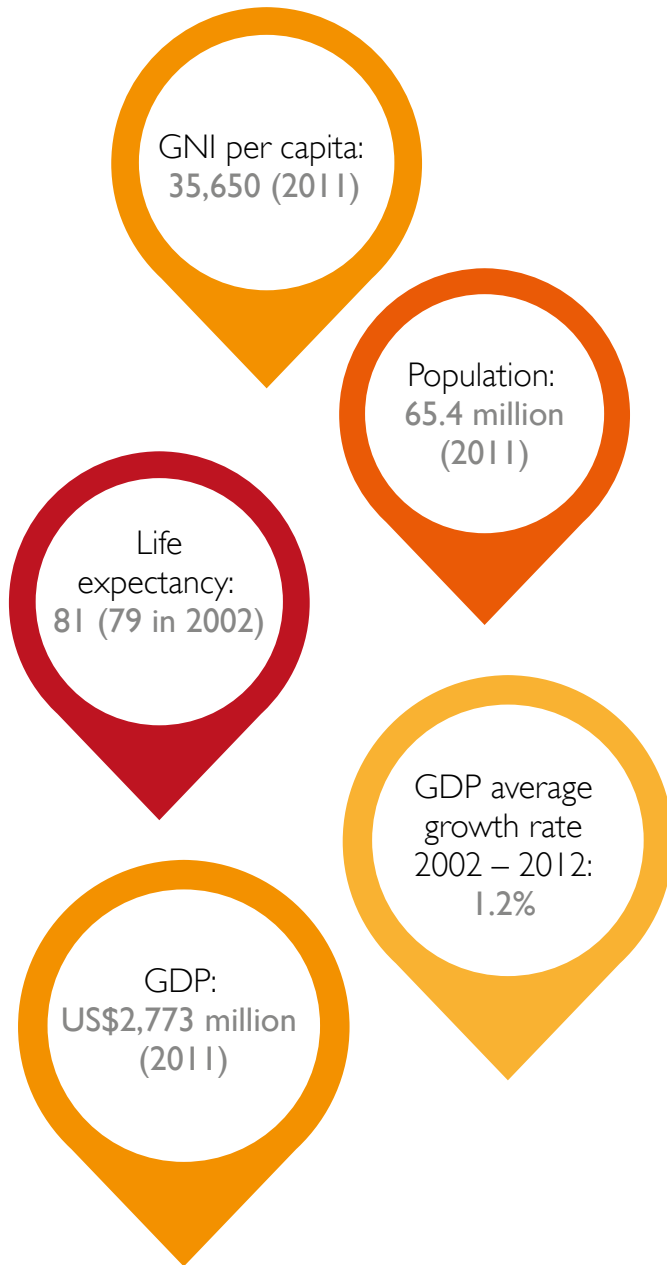
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Facts & Figures



Source: World Bank

France is made up of a metropolitan territory covering part of Western Europe and a collection of overseas islands and territories that were once part of the former French colonial empire. They include five “overseas departments” enjoying the same status as the metropolitan departments (Guadeloupe, Martinique, French Guyana, Réunion and Mayotte), “overseas collectivities” with a high degree of autonomy, a territory with special status (New Caledonia) and “overseas territories” including French Southern and Antarctic lands.

The French economy is going through a stagnating period due to common problems of the Euro area such as the efforts to reduce sovereign debts, bringing in fiscal tightening to face high public expenditure, high unemployment rate (10%) and pressure put on governments to introduce reforms that may incentive investments by reducing the cost of labour and bureaucracy.

Moreover, the country is striving to reduce its budget deficit by both freezing spending and selecting some tax measures that might also be on a temporary base. Economic analysts forecast that, although France is likely to begin the 2013 in the midst of a mild recession, **the country will experience modest growth in 2013, estimated at 0.8% according to French president Mr Hollande.**

Healthcare in France

The social insurance system - Healthcare in France is mainly delivered through a public social insurance system (SHI), requiring all French citizens to pay income-based contributions for health insurance. **The SHI was introduced in France right after the World War II, and currently covers about 95% of the population** with three main schemes based on occupation: the general health insurance scheme for employees in commerce and industry and their families and civil servants; the agricultural scheme; and the national insurance fund for self-employed people.

The patient bears the initial cost and is then reimbursed for 75%-80% by the public insurance fund on the basis of a benefit package including specific procedures and technologies for hospital care, ambulatory care and prescription drugs, while minimal coverage is provided for outpatient vision and dental care. Covered outpatient services are stated in three official lists of reimbursable health care procedures, drugs, and devices.

In 1999 the Universal Health Coverage Act (known as CMU, *couverture maladie universelle*) established universal health coverage by creating a special CMU Fund based on residence in France that extended the traditionally work-based SHI coverage to include people with income below a certain level and not eligible for SHI allowing them to receive **free public coverage**. The state also finances health services for illegal residents who have applied for residency through the *Aide médicale d'état* (AME).

Voluntary health insurance – as part of the expenses borne by patients are not reimbursed by the SHI, 92% of the population have a voluntary health insurance (VHI) covering part of the co-payment share to top up the social insurance coverage. VHI is provided mainly by not-for-profit, employment-based mutual associations (*mutuelles*), that increase the level of coverage for services on the SHI list on the basis of contractual agreements.

Extra billing - Self-employed professionals (GPs, specialists, dentists, nurses, physiotherapists, midwives, ambulance personnel, speech therapists, orthoptists and laboratory technicians) provide the vast majority of outpatient services and a large proportion of services in private hospitals. They are paid directly by patients on a fee-for-service basis partially reimbursed by the SHI or VHI at a later stage, on the basis of a reference price set after negotiation with the providers or, in the case of drugs and devices, by the governmental national pricing committee.

Doctors and dentists may charge above this reference price, which is known as extra billing, according to their level of professional experience. The extra amount is charged to the patient and it may be covered by complementary private health insurance, depending on the contract.

According to the European Observatory on Health Systems and Policies, extra-billing has reached around €10.6 billion in 2008 and half of the population pays at least one extra-billing charge per year, with significant cross-sectoral variations:

- **Outpatient sector:** €1.5 billion in 2008; frequent, ranging from a few euros to a few tens of euros.
- **Inpatient sector:** extra-billing ranging from a few hundred to a few thousand euros, increasing if patients are not covered by VHI.
- **Medical devices sector:** €8.8 billion in 2008 in an overall medical device market of €19 billion. About 50% is covered by VHI, but with great variations according to medical devices and contracts.

Physicians - primary care physicians or specialists who are not working in public or not-for-profit facilities are office-based or based in private, for-profit clinics (or both). Office-based physicians are self-employed. According to the Commonwealth Fund report "The French Healthcare System 2011", self-employment, which averages 59%, is more prevalent among general practitioners (68%) than among specialists (51%). Both categories are mainly in solo practice and do not employ nurses. Self-employed practitioners are paid on a fee-for-service basis. The cost per visit is identical for specialists and GPs, and is based on negotiation between the government, the public insurance scheme, and the medical unions. Depending on the duration of their medical training, physicians may charge above this level. Hospital physicians in public or not-for-profit facilities are salaried.

Health inequalities - There are some issues that concern the ability of patients in remote rural areas or with limited financial capacity to choose their providers. In particular, some difficulties were reported in regions with a low density of professionals in getting an appointment with a physician who does not extra-bill on the official SHI-covered fee. Patients that cannot afford to pay extra-fee are too often refused by private physicians, specialists or dentists and the cost of specialist and dental care is still too high for a relevant part of the population. Despite universal coverage and access to health care, in fact, health inequities are a significant issue in France. The extent of reimbursement varies by income group, as wealthier people are more likely to be covered by VHI and pay higher premiums that offer better coverage for, among others, optical and dental care. A special fund was created in 2000 to provide VHI to 4.3 million people low-income individuals and their dependents known as CMU-C. The fund provides vouchers that can be used to obtain coverage from a variety of insurers, although most opt to obtain this additional coverage from SHI. However, access to care differs between patients covered with commercial VHI contracts and beneficiaries of CMU-C: 21% of CMU-C beneficiaries did not seek eye or dental care, versus 14% of patients with commercial VHI and 30% of patients without any supplemental insurance.

Healthcare Expenditure

Health resources trend over the last decade

| | 2002 | 2010 |
|--|-----------|------------|
| Health expenditure per capita | US\$2,485 | US\$4,691 |
| Share of health expenditure on GDP | 11% | 12% |
| Share of private health expenditure on GDP | 2% | 3% |
| Share of public health expenditure on GDP | 8% | 9% |
| Public health expenditure as share of government's expenditure | 16% | 16% |
| Share of public health expenditure on total health expenditure | 80% | 75% (2011) |
| Share of out-of-pocket expenditure on private health expenditure | 34% | 33% |
| Physicians per 1,000 people | 3 | 3 |
| Hospital beds per 1,000 people | 8 | 7 |
| Nurses and midwives per 1,000 people | 8 | 8 |

Source: ADA, US Department of Labor

According to the French Ministry of Health, the country's expenditure on health was **€240 billion in 2011**, that accounts for **12% of GDP**. This share has remained fairly stable across the last decade, as it was **11% in 2002**. About **75% of health expenditure** are expenses for treatment and medical goods, that totalled €180 billion, an increase of **2.7% on 2010** that shows a slowdown from the **+3.3% registered in that year on 2009**.

The average price for hospital treatments and medicines has slightly decreased compensating the growth of outpatient treatment average prices. Outpatient care **in 2011 was valued at €45.7 billion**, accounting for over a quarter of the total consumption of medical goods and services.

In 2011 the public insurance system **covered 75.5% of the costs**, while **13.7% was covered** by other institutions and **9.6% was composed** of out-of-pocket payments, whose share has remained unchanged since 2009. **51% of out-of-pocket expenditure** is accounted for by medical goods, 13% by hospital care and **36% by payments** to self-employed health professionals.

The public hospital system registered consumptions for **€63.8 billion in 2011**, with a decreasing trend compared to the first half of the 2000s. On the other hand, in the private hospital system the figure was **€19.8 billion**, registering a slight increase. As regards outpatient care provided by general practitioners, it was valued at €19.2 billion (excluding external consultations from public hospitals and fees paid in private institutions).

Outlook on the medical industry

- France accounted for **18% of European health expenditure** in 2009 (1.78 trillion US\$), and for **20% of the European medical technology sales (€95 billion)**.
- France spends less than **3% of its GDP** on medical devices, below the European average of over 4%

- **Market size** US\$8,280 million (2011 estimate)

- **Imports** US\$10.3 billion (2009)

Main Suppliers (%)

| USA | Switz. | Germany | Belgium | Italy | Ireland |
|------|--------|---------|---------|-------|---------|
| 22.2 | 21.9 | 11.6 | 5.6 | 3.7 | 3.1 |

- **Exports** US\$9.2 billion (2009)

Main destinations (%)

| Neths. | Germany | USA | Italy | Spain | Belgium |
|--------|---------|-----|-------|-------|---------|
| 17.6 | 14.4 | 9.1 | 8.2 | 7.0 | 6.8 |

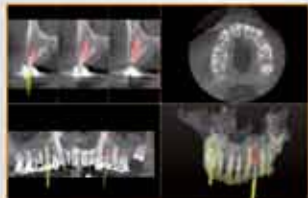
Source: EUCOMED

In a study published by an interministerial agency (PIPAME), the French medical industry is described as a prevalently small and middle-sized one, with **94%** of the companies involved employing less than **250 people** and **45% less than 20**. Almost **64,900 people** work in the medical device supply chain with a total market size valued at €19 billion.

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The industry counts **1,079 companies**:

- **820** conducting manufacturing and/or R&D activities;
- **259** manufacturers carrying on sales and commercialization exclusively in France (90% are branches of large multinationals and 10% are French manufacturers sub-contracting R&D and production);
- **350** sub-contractors;
- **354** distributors.

The French medical manufacturing sector enjoys relevant expertise in the field of implants and prostheses, technical aids, minimally invasive surgery, imaging diagnostics, radiology and electromedical equipment and in-vitro diagnostics, **with a total turnover estimated at €15 billion**. The domestic demand is significant due to the size of the population, exceeding 60 million inhabitants, and the ageing demographic trend. However, such demand is met for a relevant part by imports coming from the USA, UK and Germany, and also by sales of branches of the big multinationals such as Johnson & Johnson, GE Healthcare and Becton Dickinson. Although there is also a consistent export-oriented production towards Germany, UK and Japan, the trade balance for medical device and consumables is negative.

It is worth mentioning that **France is the 4th country in the world for number of medical device manufacturers**. On the other hand, unlike Germany, France does not have any particular research and industrial cluster specifically dedicated to the medical device sector. Among the 71 cutting-edge industrial centres, R&D projects in the medical technology domain are carried on in 8 centres for healthcare research and 14 comprehensive centres (including health, micro- or nanotechnologies, logistics, materials). In particular, the competitive centres System@tic, Medicen Paris Region et Cap Digital decided to establish a network to join their work on health IT in order to cluster together the most innovative players in telehealth research.

Medical manufacturers by sub-sector:

- **696 manufacturers** of medical devices for individual use, including single-use disposable materials, reusable materials, active and non-active implants, ophthalmic and optical materials, dental materials and technical aids;
- **229 manufacturers** of medical equipment including anaesthetic and respiratory devices, electromedical apparatuses, hospital equipment, diagnostic x-ray equipment and therapeutic devices, medical IT products;
- **151 manufacturers** of in-vitro diagnostic devices;
- **27 manufacturers** of e-health equipment and products.

Medical manufacturers by origin:

- **790 companies** originally from France
- **285 branches**, about 80% of which belong to companies from USA, Germany, Switzerland and Japan.

Regional distribution of medical manufacturers:

- **Île-de-France, Rhône-Alpes, Provence – Alpes – Côte d'Azur, Alsace** are the four main regions for concentration of medical manufacturers;
- **Île-de-France and Rhône-Alpes** host more than half of the total medical manufacturers in France and concentrate 80% of the business generated.
- **Rhône-Alpes, Lorraine, Franche-Comté and Champagne-Ardenne** host the majority of sub-contractor carrying more than 50% of their activity in the field of medical devices;

Source: PIPAME

A profile of the dental sector

Oral healthcare is only partly covered by the reimbursement schemes under the various social, voluntary and complementary insurance schemes. The vast majority of dentists work as self-employed practitioners paid on a fee-for-service basis.

In the dental sector, consumption has increased by 3% in 2011 reaching €10.3 billion, the lowest rate registered since 2002. 24% of dental expenses go for conservative and surgical treatments (caries, extractions, devitalisations) while 62% for prosthetics. The remaining expenditure is on consultations, orthodontics and x-rays. Conservative dentistry, surgery and consultations are generally reimbursed by 70% on a fixed tariff established by the "convention nationale dentaire". However, it must be noted that medical insurers have significantly reduced their coverage in the dental sector, as shown by the share of dental treatment in medical insurance expenditure that decreased from 6.9% in 1960 to 2.7% in 2010.

When it comes to the costs for accessing dental services, giving up treatment for financial reasons is more common than in other areas of healthcare. According to the Ministry of Health, among the 15% of adults that cannot access medical services because of financial barriers, 10% of them give up dental care and only 4% and 3.4% renounce to optical treatment or other medical consultations. The reason lies in several factors, such as the prevalence of dental practitioners establishing their own fees and the low level of insurance coverage. In fact, people give up dental treatment more frequently in those departments where fees are higher, and people who do not have any complementary insurance give up treatments included in the general scheme twice more than the others.

Demographic profile of dentists, ONCD, 2011:

- **40,061 dentists**
- **64 dentists per 100,000 inhabitants**
- **36,126 independent practitioners (90%)**
- **Slightly less than 4,000 are salaried professionals (10%)**
- **2029 are specialists (5%)**
- **Average age: 48**
- **40% are female**
- **5% are older than 65 years old**

Source: ONCD

Distribution of dentists by departments, 2011

Legend: ● significantly above national average ● significantly below national average

| AREA | Region | Department | Number | Density | % Self-employed | % Specialists |
|-----------------------|--------------------|--------------------|--------|---------|-----------------|---------------|
| | Ile-de-France | Paris | 3,043 | 138 | 81 | 4 |
| | | Essonne | 670 | 55 | 92 | 7 |
| | | Hauts-de-Seine | 1,235 | 79 | 89 | 7 |
| | | Seine-Saint-Denis | 710 | 47 | 72 | 5 |
| | | Val-de-Marne | 859 | 65 | 85 | 5 |
| | | Val-d'Oise | 561 | 48 | 90 | 4 |
| NORTH | Nord-Pas-de-Calais | Nord | 1,374 | 54 | 91 | 6 |
| | | Pas-de-Calais | 636 | 44 | 92 | 5 |
| | Picardie | Aisne | 222 | 41 | 95 | 5 |
| | | Oise | 318 | 40 | 92 | 3 |
| | | Somme | 198 | 35 | 95 | 6 |
| | Haute-Normandie | Eure | 221 | 38 | 90 | 6 |
| | | Seine-Maritime | 497 | 40 | 90 | 5 |
| | Basse-Normandie | Calvados | 313 | 46 | 88 | 4 |
| | | Manche | 185 | 37 | 90 | 3 |
| Orne | | 108 | 37 | 84 | 3 | |
| EAST | Champagne-Ardenne | Ardennes | 199 | 47 | 89 | 5 |
| | | Aube | 156 | 52 | 91 | 5 |
| | | Marne | 369 | 65 | 85 | 6 |
| | | Haute-Marne | 85 | 46 | 86 | 5 |
| | Lorraine | Meurthe-et-Moselle | 529 | 73 | 92 | 4 |
| | | Meuse | 80 | 41 | 84 | 5 |
| | | Moselle | 651 | 63 | 93 | 4 |
| | | Vosges | 205 | 54 | 92 | 4 |
| | Alsace | Bas-Rhin | 908 | 83 | 92 | 6 |
| | | Haut-Rhin | 480 | 64 | 88 | 4 |
| | Bourgogne | Côte-d'Or | 290 | 56 | 91 | 3 |
| | | Nièvre | 109 | 49 | 94 | 4 |
| | | Saône-et-Loire | 261 | 47 | 93 | 5 |
| | | Yonne | 134 | 39 | 97 | 3 |
| | Franche-Comté | Doubs | 282 | 54 | 92 | 3 |
| Jura | | 136 | 52 | 80 | 3 | |
| Haute-Saône | | 88 | 37 | 91 | 0 | |
| Territoire de Belfort | | 81 | 57 | 75 | 4 | |
| WEST | Bretagne | Côtes-d'Armor | 339 | 59 | 96 | 4 |
| | | Finistère | 582 | 66 | 92 | 3 |
| | | Ille-et-Vilaine | 655 | 68 | 89 | 7 |
| | | Morbihan | 456 | 64 | 96 | 6 |
| | Pays-de-la-Loire | Loire-Atlantique | 877 | 70 | 92 | 6 |
| | | Maine-et-Loire | 390 | 50 | 95 | 4 |
| | | Mayenne | 128 | 42 | 89 | 5 |
| | | Sarthe | 232 | 41 | 89 | 6 |
| | | Vendée | 324 | 53 | 92 | 5 |
| | Centre | Cher | 143 | 45 | 93 | 3 |
| | | Eure-et-Loir | 175 | 41 | 90 | 6 |
| | | Indre | 93 | 40 | 88 | 2 |
| | | Indre-et-Loire | 310 | 53 | 93 | 3 |
| | | Loir-et-Cher | 141 | 43 | 89 | 4 |
| | | Loiret | 294 | 45 | 92 | 4 |
| | Poitou-Charentes | Charente | 180 | 51 | 90 | 6 |
| | | Charente-Maritime | 364 | 60 | 93 | 4 |
| Deux-Sèvres | | 136 | 37 | 90 | 2 | |
| Vienne | | 178 | 42 | 97 | 3 | |

Distribution of dentists by departments, 2011

Legend: ● significantly above national average ● significantly below national average

| AREA | Region | Department | Number | Density | % Self-employed | % Specialists | |
|--------------|----------------------------|-------------------------|----------------------|---------|-----------------|---------------|---|
| CENTRE | Limousin | Corrèze | 187 | 50 | 85 | 3 | |
| | | Creuse | 43 | 35 | 86 | 5 | |
| | | Haute-Vienne | 187 | 50 | 85 | 3 | |
| | Auvergne | Allier | 192 | 56 | 92 | 4 | |
| | | Cantal | 78 | 53 | 95 | 1 | |
| | | Haute-Loire | 113 | 51 | 98 | 3 | |
| | | Puy-de-Dôme | 495 | 79 | 93 | 4 | |
| SOUTH EAST | Aquitaine | Dordogne | 210 | 51 | 98 | 3 | |
| | | Gironde | 1152 | 81 | 93 | 7 | |
| | | Landes | 241 | 65 | 94 | 5 | |
| | | Lot-et-Garonne | 190 | 58 | 89 | 4 | |
| | | | Pyrénées-Atlantiques | 599 | 93 | 92 | 5 |
| | Midi-Pyrénées | Ariège | 93 | 62 | 96 | 2 | |
| | | Aveyron | 176 | 64 | 93 | 3 | |
| | | Haute-Garonne | Haute-Garonne | 1153 | 95 | 87 | 5 |
| | | | Gers | 116 | 63 | 94 | 4 |
| | | | Lot | 98 | 57 | 95 | 6 |
| | | | Hautes-Pyrénées | 165 | 72 | 96 | 3 |
| | | | Tarn | 216 | 58 | 86 | 3 |
| | | | Tarn-et-Garonne | 127 | 54 | 94 | 3 |
| SOUTH | Rhône-Alpes | Ain | 333 | 57 | 92 | 6 | |
| | | Ardèche | 158 | 51 | 98 | 3 | |
| | | Drôme | 315 | 66 | 94 | 3 | |
| | | Isère | 740 | 62 | 92 | 4 | |
| | | Loire | 411 | 55 | 85 | 4 | |
| | | Rhône | 1275 | 75 | 87 | 5 | |
| | | Savoie | 282 | 69 | 91 | 5 | |
| | Haute-Savoie | 534 | 75 | 91 | 4 | | |
| | Languedoc-Roussillon | Aude | 222 | 64 | 94 | 5 | |
| | | Gard | 500 | 72 | 89 | 6 | |
| | | Hérault | 920 | 90 | 92 | 7 | |
| | | Lozère | 35 | 45 | 97 | 0 | |
| | | Pyrénées-Orientales | 300 | 68 | 96 | 3 | |
| | Provence-Alpes-Côte d'Azur | Alpes-de-Haute-Provence | 105 | 67 | 85 | 7 | |
| | | Hautes-Alpes | 103 | 77 | 84 | 4 | |
| | | Alpes-Maritimes | 1237 | 114 | 91 | 6 | |
| | | Bouches-du-Rhône | 1744 | 88 | 90 | 6 | |
| | | Var | 807 | 80 | 94 | 6 | |
| | Corse | Vaucluse | 408 | 75 | 89 | 5 | |
| Corse-du-Sud | | 119 | 84 | 93 | 7 | | |
| Haute-Corse | | 110 | 68 | 90 | 5 | | |
| OTHER | Overseas departments | Guadeloupe | 173 | 43 | 98 | 0 | |
| | | French Guiana | 48 | 22 | 96 | 0 | |
| | | Martinique | 157 | 39 | 95 | 0 | |
| | | Mayotte | 12 | 6 | 75 | 0 | |
| | | Réunion | 428 | 53 | 99 | 0 | |

Dental prosthetics market and issues

Market figures:

- 3,950 laboratoires
- 17,550 employed
- 13,200 salaried
- €1,165 billion turnover (2010)
- 30% import market share by volume
- 12.5% import market share at current prices
- 62% (€5.6 bn) share of fixed prostheses on total turnover
- 30% share of mobile prostheses on total turnover

Source: UNPPD

There is currently a debate on whether the absence of a mandatory ceiling to fees imposed by dentists on prosthetic treatments threatens the ability of patients to access such treatment, provided that dental prosthetists aren't recognized as medical professionals and therefore cannot put in place the prostheses they produce.

Prosthetic treatment is reimbursed by 70% like other types of treatment on the basis of a tariff fixed by the "Convention Nationale" between dentists and insurance providers, which is often inferior to the real cost borne by the patient, as only treatment included in the references provided by the "nomenclature générale des actes professionnels" (NGAP) is reimbursed.

Therefore, treatment such as implants, which have a higher cost but are on a growing trend. Out-of-pocket payments for prosthetics range from €212 to €527, depending on type of VHI and contract. However, the Ministry of Health reported that for an average expenditure on dental prostheses of €970.7 per patient in 2007, the average reimbursement rate was 20.1%, with an average overspending of 71.7%.

Figures of the dental industry

According to Comident, the syndicat representing French companies involved in the dental industry, the dental industry in France is composed of 130 companies, prevalently small and middle sized enterprises, employing about 4,500 people.

In particular, the dental materials segment has 58 manufacturers employing 1,535 people and totalled €234 million revenues in 2010.

The target market is represented by the 42,000 dentists, 95% of which are self-employed, and almost 4,000 laboratories, for a global turnover of €1 billion registered in 2010, with about 85% of the demand coming from dental offices. Only 10% of dental companies register annual revenues over €10 million, while 55% of them make less than €2 million.

Although the expenditure constraints and the crisis, the dental market has kept an attractive margin especially in sectors such as implantology and CAD/CAM. France obtains secretariat of ISO technical committee on Filling and restorative materials. Starting from 3rd April 2012, France was assigned the secretariat of the technical committee ISO TC 106 SC1, with the responsibility to manage the rules for dental filling and restorative materials after 40 years of Canada's governance.

For further information:

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Sources:

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European Observatory on Health Systems and Policies, "Health Systems in Transition: France", 2010 - www.euro.who.int

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Association Dentaire Française - www.adf.asso.fr

Ordre National des Chirurgiens-Dentistes - www.ordre-chirurgiens-dentistes.fr

Fédération Française des Industries de Santé - www.fefis.fr

Comident - Comité de coordination des activités dentaires - www.comident.asso.fr

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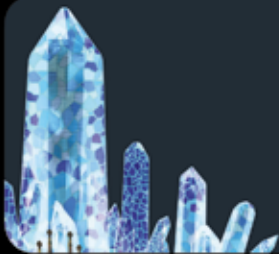
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Oral Health Uganda

According to the World Bank, Uganda has embarked on a series of reforms starting from the late 1980s that fostered liberalization and private-sector oriented market policies that enabled the country to maintain a stable macroeconomic environment.

The average annual **GDP growth rose from 6.5% in the 1990s to over 7% during the 2000s**, above the Sub-Saharan Africa average, but due to the rapid population growth, real GDP growth per capita has averaged only around 4% over the past two decades.

In this time span, Uganda has halved the share of population living in poverty, bringing it to **24.5% from 56% in the period 1992/93**. However, with an **average per capita income barely reaching US\$500 a year**, Uganda is still far from reaching the status of a middle income country, a challenge made even harder by the incomplete coverage of primary education and the health problems caused by child and maternal mortality, incidence of malaria and other diseases and very uneven access to basic services.

From an economic perspective, one of the main dangers for Uganda's prospects of development is corruption and poor level of services provided by public servants.



Source: World Bank

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Healthcare sector

Healthcare delivery - Uganda is divided into 80 Districts all of which have a decentralized local governance system.

Health services are decentralised on a district and sub-district level, without any intermediate administrative level. The range of health services delivered varies with the level of care. In all public health facilities curative, preventive, rehabilitative and promotive health services are free, having abolished user fees in 2001. The health services are structured into:

| | |
|---|--|
| National Referral hospitals | comprehensive specialized services, teaching services and health research: Butabika hospital (only mental health hospital in the country) Mulago hospital (biggest National Referral Hospital) |
| Regional Referral hospitals | <ul style="list-style-type: none"> specialist services (psychiatric, ear, nose and throat, radiology, pathology, ophthalmology, high level surgery, paediatrics, obstetrics and gynaecology) medical services in addition to services offered at the general hospitals |
| General Hospitals and Health centre IVs | <ul style="list-style-type: none"> broad outpatient and inpatient services support to lower level health facilities, maintaining linkages with communities through Community Health Departments |
| Health centres III | <ul style="list-style-type: none"> basic preventive, promotive and curative care supervision of the community and HC II under its jurisdiction provisions for laboratory services for diagnosis, maternity care and first referral cover for the sub-county |
| Health centres II | outpatient care and community outreach services through enrolled comprehensive nurse, link with the village health team (VHT). |
| Village health teams (VHT) | equivalent of a first-level health centre serving as link between health facilities and the community |

Source: UHFUG

Health facilities by ownership, 2010

| | Number | % government | % private not-for-profit | % private for-profit |
|--------------------------|------------|--------------|--------------------------|----------------------|
| Hospitals* | 129 | 49.6% | 43.4% | 6.9% |
| Health centres IV | 176 | 92.7% | 6.8% | 0.5% |
| Health centres III | 1,082 | 76.9% | 6.8% | 2.2% |
| Health centres II | 3,005 | 52% | 20.9% | 32% |
| Stand alone laboratories | (est.) 300 | (est.) 330 | (est.) 170 | |

Source: UHFUG

* By category, there are 2 National Referral Hospitals, 12 Regional Referral Hospitals (RRHs), 57 private not-for-profit hospitals and 9 private for-profit hospitals. Non-governmental and Faith-based organization hospitals provide 6,943 beds, while the public sector hospitals house 9,132 beds.



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Public sector – provides free access, in both urban and rural areas, to medical care. The Government provides approximately 60% of facilities in the health centres and clinics category whilst 48.1% and 25.2% of the population reportedly live within 5km of a clinic and a health centre, respectively. Facilities in the public sector experience severe shortages of human resource, medical expertise and funds, which, in addition to a lack of discipline and accountability, result in low quality services provided to patients.

Private sector – is divided into three sub-categories: Private Not for Profit Organisations (PNFPs), Private Health Practitioners (PHPs) and the Traditional and Complementary Medicine Practitioners (TCMPs).

Private Not for Profit (PNFP)

The PNFP sector is more structured and prominently present in rural areas. Besides health units and hospitals, the PNFPs currently operates over two-thirds of health training institutions. It is in turn divided into two categories:

- **Facility-Based (FB-PNFPs)** provide both curative and preventive services. In rural areas, facility based PNFPs provide an approximate 21% of lower district level facilities and 43.4% of hospitals, as well as 30% of the workforce in the PNFP-government relationship.

More than 75% of the FB-PNFPs exist under 4 umbrella organisations: the Uganda Catholic Medical Bureau (UCMB), the Uganda Protestant Medical Bureau (UPMB), the Uganda Orthodox Medical Bureau (UOMB) and the Uganda Muslim Medical Bureau.

- **Non-Facility Based PNFPs (NFB-PNFPs)** mainly provide preventive, palliative, and rehabilitative services

The PNFP sector receives 23% of its revenues from the government, 38% from user fees and 38% through development aid from international Faith-based/Non-governmental organizations. However, unattractive remuneration pushes medical personnel to leave PNFPs for the public sector. Given the PNFPs’ critical role in serving rural areas, this results in interruptions of service to the neediest communities in most remote areas. Moreover, financing by development partners is project based and does not guarantee long-term support.

Private for Profit (PFP)

The PHP is fast growing and most facilities are concentrated in the central region (68%) and in urban areas. Although the private, profit driven facilities enjoy a relatively more efficient management which is reflected in higher quality services than the public sector, with a national average of **31.5% of the population that find basic health care too expensive, luxurious healthcare services are a small niche and private providers need to target other income levels.**

The PHPs provide a wide range of curative services, while preventive services are more limited, with the exception of family planning. Only a few PHPs provide tertiary services.

Private for profit sector in figures

Workforce

- PFP employs about 13% of all medical professionals in Uganda
- Approximate 54% of doctors work both in the private and public sectors
- Over 90% of nurses and midwives in the private sector work full-time
- 9,500 health professionals including more than 1,500 doctors are estimated to be working exclusively in the private sector
- More than 80% of private doctors are employed within the central region and the major municipalities nation-wide

Services

- 90% provide curative services including malaria and STD treatment
- 75% provide family planning services
- 40% provide maternity services, post abortion care and adolescent reproductive health services
- 22% provide immunization services

Target

- 45% of private providers are focused on low to medium income earning individuals, primarily due to geographical location;
- The majority of urban institutions derive 50% of their client base from corporate institutions
- Only a few larger hospitals have the infrastructure to provide services to high income clients



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Traditional and Complementary Medicine Practitioner (TCMPs)

TCMPs are present in both at rural and urban areas, with different forms of practices (herbalists, traditional bone setters, traditional birth attendants, hydro-therapists, spiritualists and traditional dentists), commonly used by about 60% of Uganda’s population.

Health financing - Public spending on health accounts for only 22% of the total health spending, 9% of the national budget, while the largest contribution, 50%, comes from out-of-pocket expenditure, and off budget donor funding accounts for the remaining share. In 2010 total per capita spending on health was US\$47.

Although the Ministry of Health reported that in 2010 about 72% of the population was living within 5 kilometres of a health facility (up from 49% in 2000), access health care facilities is made difficult by inadequate infrastructure and shortage of medicines, health supplies and workforce that cause poor quality of health services especially in the rural areas.

Studies conducted in the last five years show that on average, 28% of households in Uganda experienced so-called “catastrophic” payments although with relevant variations depending on income level and region. 2.3% of households were pushed into poverty by medical expenses and such cases increased from 8% to 28% between 1996 and 2006.

Private health insurance, mainly purchased in favour of employees, is limited: Uganda has the lowest rate of insured people in the region. The National Health Insurance Scheme, which is expected to come into force next year, will introduce a compulsory health insurance financed initially from the formal public sector with a fixed contribution from the employees’ gross salaries, to be eventually expanded to the formal private and informal sector. However, some concerns arise as regards opposition faced by the scheme among employers with agreements already in place with private insurance provides, the potential abuses and the countermeasures needed to tackle frauds, as well as the lack of adequate infrastructure to support the scheme. Moreover, as the formal sector employs less than 20% of the total population, coverage would have to be expanded fast to benefit the rest of the population.

Health workforce - Migration of health workers abroad is a factor contributing to the chronic shortage of health professionals. The geographic distribution is also uneven with great variations among districts (northern districts have the lowest share, central districts and Kampala the highest), between rural and urban areas and between public and private providers. Urban areas concentrate about 70% of medical doctors and dentists, 80% of pharmacists and 40% of nurses and midwives, serving 13% of the population.

General health workforce figures

| | |
|-----------------------------------|------------|
| Total (doctors, nurses, midwives) | 59,000 |
| PNFP sector share | 22% |
| Private sector share | 21% |
| Density | 1 to 1,818 |

Oral Health

There are only about 200 dentists in Uganda and the majority operates in urban centres, especially in Kampala district (39%). Although a national oral health policy was launched in 2009, the direct oral health care budget is less than 1%. Moreover, only about 20% of private health facilities offer dental service, which accounts for the limited penetration of oral health awareness and availability of oral health funding.

Basic oral health services are free in government health units while secondary and tertiary dental care requires payment of a fee. The government provides free dental care in public national, regional and general hospitals as well as in health centre IV facilities, 80% of which are equipped with a hydraulic chair as well as a set of hand instruments for oral health procedures. The dental sector shares the same problems of the general healthcare system (shortages of materials, supplies, equipment and manpower) with the additional problem of concentrating most of practitioners in the private sector; that lacks monitoring of quality and prices and provides dental services prevalently in large urban centres, neglecting the rural population, at unaffordable costs for much of the population.

To this picture, there must be added the issues reported by Dr Nabbanja Juliet Katumba in its report “Situation Analysis of Oral Health in Uganda”:

- Very limited funding for training of personnel
- The two clinics at NRHs have less than 50% functionality
- Only 1/5 dental units at RRH is functioning up to its standard, while 4/5 are almost not functioning and treatment is basically limited to extraction
- The quality of services is challenged by poor infection control measures, inadequate personnel, faulty/old equipment, almost all of which is imported and supplied by representatives of foreign parent companies.

Dr Katumba highlights how lobbying for increased funding towards oral health, joining efforts and team working among dentists and establish more public-private partnerships might all contribute to increase the quantity and quality of dental care services, in line with the National Oral Health policy advocating for a greater focus on prevention and promotion, integration across disciplines and a concrete, population-oriented approach privileging evidence-based interventions, for which more frequent and extensive data collecting and analysis are essential.

Sources:

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 Dr Nabbanja Juliet Katumba, “Situation Analysis of Oral Health in Uganda”, 2011 – www.fdiworldental.org

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The Middle East trade hub

The United Arab Emirates, with a total population of about 7.9 million, is known as a gateway to the Middle Eastern market and an international trade hub. The UAE enjoys a reputation of stable economy with high per capita average income (US\$40,760 in 2011, at current prices).

The country's 33rd place in the "Ease of doing Business" rank published by the World Bank for 2012 out of 183 countries, well above the regional average (93), and the 5th rank for ease of trading across borders account for its strongly market-oriented policies.

The competitive advantage of UAE lies not only in its favourable conditions for companies wishing to invest in the country, including a simple tax regime and fiscal incentives concentrated in over 30 special zones allowing 100% foreign ownership, but also in its privileged position between the African and the Asian markets.

Transportation development

Maritime ports include Jebel Ali (9th in the world for trade volume in 2010 and the largest container port located between Rotterdam and Singapore), Port Rashid, Port Khalid, Port Saeed and Port Zayed. International airports are present in Dubai, Abu Dhabi, Sharjah and Fujairah. Dubai's new Al-Maktoum International airport is part of a \$33 billion Dubai World Central (DWC) project including six interrelated logistic, commercial and residential districts.

The DWC, located in the southern part of Jebel Ali, will be connected to the Jebel Ali Port via the Logistics Corridor and will provide direct access to two of the primary trans-emirate road networks (Emirates Road and the Dubai By-Pass).

The first step is already concluded and the airport currently has 600,000 tonnes handling capacity. The construction of an additional two automated and one non-automated cargo terminals that are expected to increase the total cargo capacity to 1.4 million tonnes per annum is underway. Once completed, the Al-Maktoum airport will have 12 million tonnes of annual cargo and 160 million passengers capacity, and with five runways and four terminal buildings. Moreover, the Abu Dhabi's new Midfield Terminal Complex is to be completed by 2014.

Besides investing in air transportation, the UAE government has allocated AED40 billion for the development of its railway infrastructure, as part of a broader project that is expected to create a comprehensive regional network, to be known as the GCC Railway Network, linking each of the six GCC member states by 2017.

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Within the UAE, the new railway network aims at extending up to 1,200 km to connect urban and rural areas throughout the country. On the external side, the UAE will connect to Saudi Arabia via Ghweifat in the west and to Oman via Al Ain in the east.

According to an official statement released by Etihad Rail, the operator of the project, preliminary construction work on Stage One, which links Shah and Habshan to Ruwais, is already underway, and the tendering process is in progress for Stage Two, which will connect the railway to Mussafah, to the Gulf ports (Khalifa and Jebel Ali Ports) and the Saudi and Omani borders.

UAE market for medical devices

The medical devices expenditure in the UAE was valued at US\$670 million in 2011, growing 6% a year, and is forecasted to reach US\$763 million by 2013.

In terms of market value, UAE the second largest medical market after Saudi Arabia in the Middle East, but it is the largest when considering per capita medical device expenditure (US\$128). However, per capita health spending is not expected to increase at a high rate, therefore the share of medical devices expenditure on total health expenditure is expected to decline significantly, from 8.7% in 2009 to about 6% in 2013.

As local production of medical equipment and supplies is very limited, about 97% of the market is supplied by imports. UAE manufacturing activity is limited to basic disposable items and even considering the government support to local domestic production, the demand for high-tech medical equipment and devices will continue to be almost wholly met by imports.

The growth of medical imports registered in the last decade is impressive, a 300% rate with an annual average of 20% increase. Roughly a fifth of UAE's medical imports come from the US, while other leading suppliers are western EU countries (Germany, the Netherlands, UK, and France) that account for a combined 40% of the total supply.

The dental market

Approximately 8% of the market is for dental products, for an estimated value of US\$50 million. Instruments and supplies are the main import category with 85% of the total. Compared to the medical device sector as a whole, the dental segment is projected to expand at a slower compound annual growth rate (CAGR) of 4.5%, reaching USD 56 million in 2013.

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Dental market projection

| | US\$ mn, 2009 | US\$ mn, 2013 (f) | CAGR |
|-----------------------|---------------|-------------------|------|
| Dental Products | 47 | 56 | 4.5% |
| Drills, Chairs, X-Ray | 7 | 9 | 6.5% |
| Instruments & Supply | 40 | 47 | 4.1% |

Distribution and market entry

International manufacturers wishing to sell medical (or dental) devices in the UAE, as well as in other GCC countries, **need to appoint a local distributor or representative for each market.**

Making a careful selection is vital both for the difficulty of unilaterally interrupting the distribution agreement and for the usual preference to operate on an exclusive basis.

The distributor (or commercial agent) acts as local representative on behalf of the foreign company for all that relates to regulatory issues and institutional tenders. According to the OSEC Business Network Switzerland, distribution is very fragmented with companies of different size and type of activity, from the largest distributors representing top brands to the smaller ones having a more heterogeneous approach.

This scenery is valid for the whole Gulf area where around 400 distributing companies are reported to operate.

Companies wishing to enter the UAE market may also decide to run direct operations in the country. It is important to remember that, apart from the special zones allowing 100% foreign ownership, the **UAE law requires that nationals own at least 51% of the company's share capital.**

Foreign companies typically have the following options to establish their presence in the UAE:

- **Setting up a branch office:** the company must obtain a license from the Ministry of Economy & Commerce and a license from the concerned authority in the respective Emirate. The company also has to be inscribed in the Ministry's Register of Foreign Companies. A usual step to establish a branch office is to appoint a Service Agent who takes care of entry or residence permits and activity licenses, as well as facilitating the processing of its transactions with the government authorities.

- **Establishing a Limited Liability Company:** the most common form of business entity, it can be formed by 2 to 50 persons whose liability is limited to their shares in the company's capital, with a minimum capital of AED 300,000 (about US\$ 82,000) in Dubai and AED 150,000 (about US\$ 41,000) in the other Emirates.

- **Establishing a Private Shareholding Company:** incorporated by a minimum of 3 persons and with minimum capital of AED 2 million (US\$ 545,000). The chairman and majority of the Directors must be UAE nationals.

- **Establishing a Public Shareholding Company (PJSC):** this type of company has the capital divided into equal negotiable shares. Shareholders' liability is limited by the number of shares held. Founder members may only hold 35% of the share capital, as 65% is required to be offered to the public. Minimum capital required is AED 10 million (US\$2.72 million). In PJSCs too, the Chairman and majority of the Directors should be nationals.

Upcoming dental exhibition:

AEEDC

5-7 February 2013

Dubai International Convention and Exhibition Centre

Exhibition figures from 2012 edition

- 5 Exhibition Halls covering more than 28,000 sqm of exhibition space, a 15% increase on 2011.
- 900 exhibiting companies from 80 representing countries.
- 17 National Pavilions.
- Approximately 28,000 dental professionals and trade visitors from 132 countries.
- Business deals for around US\$1.72 billion.

Sources:

Doing Business 2012 (World Bank), "Economy profile: United Arab Emirates" – www.doingbusiness.org

Dubai World Central – www.dwc.ae

Etihad Rail – www.etihadrail.ae

OSEC Business Network Switzerland, "Medical Devices Market GCC", 2010 – www.osec.ch

AEEDC – www.aeedc.com



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Uk Dental Company Shortlisted at Top Global Award Event

Topdental Products Ltd have been short listed from thousands of Global companies such as Coca-Cola, Asda, Kraft, Pepsi, Smurfit, Heinz etc. for a new packaging idea developed by the company at its headquarters in Yorkshire.

The prestigious award taking place at The Hilton Hotel on Park Lane this November, is the "Packaging Industries" most coveted Global Award. The awards are entered by some of the world's largest companies in an effort to display innovative and most desirable packaging on earth.



Topdental have taken 6 years to research, innovate and manufacture what has been described as "Europe's Most Comprehensive non invasive Medical Device disinfectant, VIROFEX TM."

Virofex TM was developed following years of research into chemical composition and testing against viruses and certain spores. Managing Director Peter Tapper says "We wanted to create a surface disinfectant that would work on any surface, regardless of what type of material it is being used on. We wanted a unique product that remained stable, environmentally friendly, non-hazardous in use and with a unique packaging concept for ease of use for the Dentist and assistant". The final product had to pass strict testing under the guidance of the Medical Devices Directive on European legislation and was passed as a Class I Ia product for use on non invasive Medical Devices in both Dental surgeries and also Operating theatres. We worked and developed a small 8ml cartridge of highly concentrated chemistry that could be mixed with tap water in order to create a workable, Alcohol free effective blend.

The Virofex TM is extremely easy and speedy to use and saves the end user from having to dispose of large empty 5 litre packaging. We then had to develop and prototype a unique dispensing method, so a special bottle had to be designed for this use. The 500ml bottle is unique to the cartridge system and can be sprayed or poured onto cloths for disinfection. Each bottle had two side slots which the assistant can use for spare cartridges, so each bottle potentially holds 1.5 litre yet is only the size of a 500ml bottle. Price of course was a major issue with the concept; the product must not only give the highest disinfection, but will also be able to compete with any current price on the market.



The actual cartridges are dispensed with a patented wall or cupboard mounted plastic dispenser; each cartridge is removed from the base of the dispenser and then the next cartridge drops into place for the next use. The dispenser box holds 10 cartridges which is the equivalent of a full 5 litre traditional bottle and yet only measures 2.5cm wide x 24cm in height and fits snugly in any draw. The dispenser can also be fixed to the wall or cupboard with adhesive strips which are provided.

Not only does the dispenser look superb and modern but it also has the benefit of a unique Biocote technology, the surface of every refill dispenser box will effectively kill bacteria such as MRSA 7 days a week/ 24hours a day. The BioCote uses silver Ion technology and is blended onto the plastic surface of the dispenser box. Peter Tapper said the Virofex was launched at the ADEEC Dental show in Dubai during February 2012. 82% of all Dentists seeing the product on the stand wanted to place orders. The show initially was to test the market as to whether the product would generally be accepted as a packaging concept. We were delighted with the outcome and have since signed up 12 countries in the Middle East for exclusive rights to distribute Virofex TM.

Virofex has since been launched at the main Singapore Dental/Medical show and subsequently exclusive dealers have been appointed in Malaysia and Japan. The products packaging design and brand image had so much interest from around Europe and we were amazed at the number of companies that were eager to purchase the product. We were then approached by the UK Packaging industry to see if they could have the product inspected by a panel of experts from companies such as TESCO, Procter & Gamble, Sainsbury's, Reckitt, Boots etc.

We did not think we stood a chance at reaching the finals but were selected by the judges for 'Best New Concept' and 'Innovation of the Year'. The Virofex will be sold exclusively in the UK through Dental Directory and Topdental Products Ltd. If you are interested in knowing how the Virofex gets on in the final please drop an e-mail to sales@topdental.co.uk or visit www.virofex.com Topdental Products Ltd :Tel : +44 (0)1535 652 750

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FDI 2013 Istanbul: preparations well under way



Preparations are already well under way for the 2013 FDI Annual World Dental Congress to be held in Istanbul from 28 to 31 August. The congress website is already up and running, with online registration and abstract submission set to open on 5 November and 3 December respectively.

According to an outline preview, the FDI 2013 Istanbul scientific programme will feature 'Early Morning' and 'Meet the Expert' Sessions, two highly successful formats first piloted at the 2012 Annual World Dental Congress in Hong Kong. Also announced are 'Interactive sessions': details of this new format will be available shortly.

FDI 2013 Istanbul is being organized jointly by FDI and the Turkish Dental Association (TDA). Says FDI President Dr Orlando Monteiro da Silva: "FDI and TDA share a common perception as to what constitutes a truly international event with strong local flavour and the kind of programme to satisfy the high demands of delegates from far overseas, from neighbouring countries and from Turkey itself".

"The scientific programme is worthy of the high ambition of FDI 2013 Istanbul to be the 'must-attend' dental event of the year, a reflection of the enthusiasm that has grown exponentially since its official launch in April 2012."

Focusing on the unique attractiveness of Istanbul as a congress venue, Prof Dr Taner Yücel, TDA president and Chair of the Local Organizing Committee says: "I believe that Istanbul deserves your interest as a city which has something to offer to everyone and you will be surprised to discover your "own" Istanbul." Noting that the city bridges religions, cultures and ideas from east to west and west to east, FDI 2013 Istanbul, he adds, "unites global oral health in August 2013".

FDI 2013 Istanbul follows on from the highly-successful FDI 2102 Hong Kong, the celebratory 100th anniversary congress, which saw record international and regional attendance. The FDI Annual World Dental Congress provides a unique opportunity for professionals and all other sectors related to oral healthcare to meet and learn from one another.

FDI World Dental Federation serves as the principal representative body for over one million dentists worldwide, developing oral health policy and continuing education programmes, speaking as a unified voice for dentistry in international advocacy and supporting national member associations worldwide in oral health promotion activities.

More from Christopher M. Simpson / FDI Communications Manager
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Waiting for IDS

Surgery hygiene More important and easier than ever before – IDS 2013 will show how it's done

The current hygiene regulations and how they are implemented in the dental surgery — The latest trends in the area of equipment systems and dental supplies — Integration of surgery hygiene into a highly effective quality management system — One of the key themes at IDS.



The introduction of the quality management system in dental surgeries has just been completed, but legislators are now confronting dentists with a new set of regulations concerning matters such as the annual inspection of drinking water to determine if it contains Legionella bacteria. **The increasing legal requirements make it clear that surgery hygiene is and will remain a top priority, because violations can lead to fines, prosecution and — in the worst case — a surgery's closure.** In view of the severe penalties involved, it is comforting to know that the dental industry is continuously developing new systems for helping dentists and their teams in the area of hygiene. In this connection, the market offers numerous solutions for all areas of the surgery. Manufacturers from all over the world will attend IDS 2013 in Cologne to present innovations that allow dentists to calmly prepare themselves for the introduction of new legal regulations and official inspections. The manufacturers will offer solutions for cleaning and disinfecting instruments and surfaces, checking water quality in treatment units, sterilizing medical products and disinfecting hands, as well as for implementing an effective quality management system.

Perfect cleanliness and thorough disinfection naturally have top priority in all areas of treatment, because the safety of the patients and the dental teams is at stake. **The need to clean dental instruments properly is particularly obvious, since they come into direct contact with the patients. Microbes can contaminate not only drills and suction devices but also other equipment, trays and floors.** Specific preparations are needed to treat such surfaces in order to ensure fast, safe and gentle disinfection. However, implementing all of the measures for creating a germ-free environment is just one consideration — it would be an additional success if the surgery's image can be improved in the process. For this purpose, individually usable perfume concentrates enable users to avoid the typical surgery smell and instead create a clean and fear-free environment in which patients and treatment teams feel comfortable.

Source: English.ids-cologne.de

In many cases ensuring instrument hygiene is particularly demanding, as the risks are assessed in a differentiated manner in accordance with the recommendations of the Robert Koch Institute. However, new developments in this sector are, on the one hand, making it easier to treat instruments and, on the other, enabling users to integrate a modern system of documentation. Today's technical possibilities make it easier than ever before to meet the requirements of a sophisticated quality management system. For example, the latest generation of thermo-sterilizers and autoclaves have interfaces that make the introduction of an online documentation system a breeze. As a result, irksome paperwork can be dispensed with.

The successful implementation of a quality management system requires that the needs of each individual case be taken into account, because different surgeries have different objectives and thus have to handle different processes. **That's why the dental industry offers special software that takes this fact into account and flexibly adapts itself to the user's needs.** The manufacturers are offering additional support through training and coaching sessions that are conveniently held in the dentist's own surgery and teach all the team members the skills they need. This not only establishes a quality management system that meets the legal requirements but also ensures proper hygiene.

The International Dental Show (IDS) is a must for anyone who is looking for a comprehensive overview of the current state of surgery hygiene and quality management. Dentists and surgery staff can optimally obtain information and comprehensive advice from expert manufacturers during the show, which runs from 12th to 16th March 2013.

Trade visitors from surgeries and laboratories will have a unique opportunity during the International Dental Show, the world's largest trade fair for dental medicine and dental technology, in Cologne from 12th to 16th March 2013. Here they can hold discussions with specialists from the exhibiting companies and experienced users in order to gain a comprehensive picture of the whole range of state-of-the-art measures for preventing infection and for the quick implementation of current legal requirements. Quality management, in particular, is not just a matter of annoying bureaucracy; on the contrary, it opens up an opportunity to steadily improve all of the processes of a dental surgery's daily operations, says Dr. Markus Heibach, Executive Director of the VDDI.



Waiting for IDS

No plaster models, radiation-free head and jaw measurement in the orthodontics of tomorrow — the International Dental Show 2013

Innovations in the field of orthodontia — Technological advances for equipment and processes — Digitisation of the orthodontic surgery — A major focus of IDS.

Modern dentistry is characterised by progressive thinking, innovative strength and use of the latest research. That fact has been repeatedly demonstrated with particular clarity by the field of modern orthodontics. Ever since its beginnings at the end of the 19th century, this discipline has reached several milestones, ranging from the edgewise system and straight wire technology to orthodontic implants. Today it is more than ever in a state of perpetual change. Digital technologies are becoming increasingly important and exerting a huge influence on the daily workflow. New instruments and the methods related to them are being developed and submitted to their first “trial by fire” — i.e. scrutiny by a critical audience of experts — at the International Dental Show (IDS) in Cologne every two years. The pioneering achievements in the field of orthodontics that are the latest focus of interest will be on show next year at the world’s biggest trade fair for dental medicine and dental technology, IDS.

In addition to the increasing digitisation and networking of treatment processes, a lot of attention is currently being attracted by innovative scanning technologies and the vision of a dental surgery that uses no plaster models. In this connection, IDS offers visitors the opportunity to get to know the latest innovations, compare them directly with the methods that have been commonly used so far, and ultimately make the necessary decisions for their own dental surgeries. In addition, visitors will be able to take a look at progressive potential solutions, especially ever-popular items such as self-ligating brackets. Of course the topic of follow-up care will be intensively discussed. The slogan here is “white spot management”. All in all, IDS offers everything that’s important for state-of-the-art orthodontics today and will help to improve it in the future.

It’s often the case that a simple acronym stands for an outstanding idea. This is demonstrated, for example, by the acronym KFO, which stands for Kieferorthopädie, Funktionslehre, Orthodontie (jaw-related orthopaedics, functional analysis, orthodontia). Another example is the dental surgery that uses no plaster models. Behind this innovation is the generation of digital dentition models and the workflow associated with it. This process is increasingly dispensing with the need to make an impression of the patient’s teeth. In this connection, intraoral scanners should be mentioned in particular, because they permit the quick and precise generation of data. In the subsequent stages of orthopaedic treatment involving the jaws, it is usually essential to have a series of physical models of the way the patient’s jaws and teeth are arranged and are functioning. The focus is therefore increasingly moving toward rapid prototyping, especially in the case of dentures that are made outside the dental surgery. The preconditions for the scanning and printing technologies have already been met. Experts believe that the widespread use of these technologies in dental surgeries is now only a matter of time.

Many experts in the sector are eagerly awaiting the appearance of an alternative to the x-ray picture of the patient’s head taken from the side. One of the most promising alternative techniques is cephalometric analysis by means of magnetic induction, which minimizes mistakes in the projection and superimposition processes and therefore enables even more precise measurement of the jaw. In addition, this method of measurement does not use x-ray radiation and can be carried out within a few minutes, as no time is lost because of the need to develop the x-rays.

These are only a few examples of the numerous innovations in the area of jaw-related orthopaedics that will be presented at IDS 2013 to general practitioners as well as specialist orthodontists and dental technicians, who are responsible for the prosthetic care that follows an orthopaedic procedure. The exhibiting companies offer all visitors the opportunity to pick up and handle newly developed products for themselves and check to see whether they are suitable for everyday use in their work. In this way, visitors can make well-founded decisions about equipment for their own surgeries and laboratories — ideally, they will have clearly defined their goals before coming to the trade fair.



“Visitors who come to the International Dental Show with questions they have clearly defined beforehand have the best opportunities to benefit from the dental industry’s tremendous innovative power — especially when it comes to the rapidly changing market for jaw-related orthopaedics,” says Dr. Martin Rickert, Chairman of the VDDI. “That’s because at the stands of the exhibiting companies visitors can pick up the products, handle them and find out about the cost aspects of using them in their surgeries and labs. Practical refinements are making the cooperation between dentists, dental technicians and specialist consultants more efficient, as well as making it easier to fulfil patients’ wishes. As a result, the dentists who carry out treatment and the dental technicians can impressively demonstrate their expertise in the field of orthopaedic rehabilitation involving the jaws.”

IDS – the International Dental Show, which takes place in Cologne every two years, is organized by the Gesellschaft zur Förderung der Dental-Industrie mbH (Society for the Promotion of the Dental Industry), the commercial enterprise of the Association of German Dental Manufacturers (VDDI). The trade fair is staged by Koelnmesse GmbH, Cologne.



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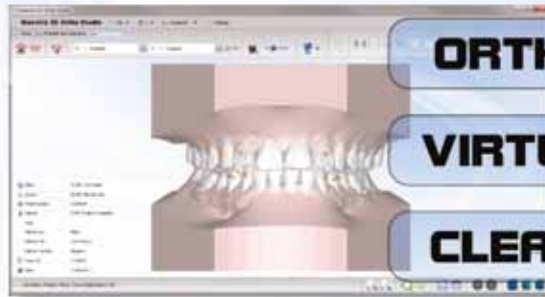
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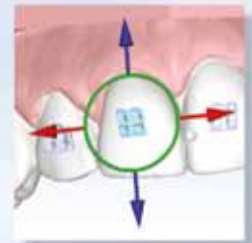
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IDEM Singapore 2012

the Nexus of Dental knowledge in Asia



Asia's leading dental platform continues to elevate the level of dentistry in the region by bringing together the best speakers and innovations in a single location.

The International Dental Exhibition and Meeting (IDEM) Singapore 2012 drew to a close today after four days of robust discussions, knowledge exchange and networking. A total of 7,243 global dental practitioners and professionals congregated at Suntec Singapore International Convention and Exhibition Centre for IDEM Singapore 2012, an increase of close to 20 percent from 2010. Jointly organized by Koelnmesse and the Singapore Dental Association, IDEM Singapore was held from 20 to 22 April 2012 with a post-congress session held today. As the platform of choice for industry players in the dental market, the biennial dental Trade Fair and Conference provided an excellent opportunity for interaction between established leaders in the field, new entrants in the arena, industry experts and dental trade professionals.

The region's largest dental showcase

The IDEM Singapore 2012 Trade Fair provided an expanded showcase of the latest dental equipment from across the globe, with a 20 percent increase in exhibition floor space. A total of 422 exhibitors from 36 countries presented exhibits ranging from preventive and restorative treatment procedures to surgical equipment and laboratory tools. With 10 national pavilions from Australia, France, Germany, Italy, Korea, Singapore, Switzerland, Taiwan, the United Kingdom and the United States, IDEM Singapore provided attendees with a good mix of innovations from both the East and West.

In particular, Good Doctors Co., Ltd, an exhibitor from the Korean pavilion, showcased their intraoral cameras, successfully extending their reach to distributors in the region. "We are pleased with the quality of visitors at IDEM Singapore 2012. We met visitors from across the region at the Trade Fair and received enquiries from distributors in Indonesia, Philippines and Malaysia. We are really looking forward to following up with these networking opportunities post-event," said Mr. Kim Young Woon, President, Good Doctors Korea. As a leading platform for exhibitors to showcase their technological developments, IDEM Singapore's expanded trade floor and network of leading dental experts created a positive environment for continued sharing and innovation. IDEM Singapore 2012 hosted over 170 new exhibitors and their products, including Invisalign Hong Kong Limited.

"As a first time exhibitor at IDEM Singapore, I'm pleased at the positive response from the visitors to the Trade Fair. Many of the dentists we met expressed interest in the technology behind our product and how it differs from conventional orthodontic therapy. In fact, based on the interest and feedback from the Trade Fair, we have already secured plans to further promote Invisalign with several dentists in the region," said Ms. Gigi Tsui,

Country Manager, Invisalign Hong Kong, Singapore and Malaysia.

Exhibitors such as Smart Optic and The Acteon Group also used IDEM Singapore 2012 as a platform to launch their products in the island-city and the region. Smart Optic presented their latest Activity line of dental scanners, while The Acteon Group showcased the third generation of their Cone Beam CT WhiteFox scanners, which offer a 360 degree scan to get a more precise estimation of bone density.

Keeping abreast of dental knowledge

Tickets to the Scientific Conference were sold out three weeks prior to the event, as industry professionals seized the opportunity to keep updated on the latest technologies and best practices in the dental industry. With 17 renowned experts from Australia, France, Italy, the United Kingdom and the United States, the IDEM Singapore 2012 Scientific Conference presented participants with many thought-provoking discussions. Themed Advances and Controversies, the Conference provided insights into the boons and banes of the latest technological breakthroughs in the world of dentistry.

"As practicing dentists, we came to IDEM Singapore to gain insights, from the experts at the Scientific Conference, on certain clinical technicalities that we can apply to improve patient treatment. While we are all aware of the latest technological devices we can leverage, how we use these devices can make a difference in our patients' experience," said Dr. Jean Ong from iSmile Dental Center, who attended the session entitled Update of Reconstructive Dentistry conducted by Professor Urs Belsler, University of Geneva School of Dental Medicine as well as Associate Professor Pascal Magne and Michael Magne from the University of Southern California. The much anticipated session gave a comprehensive update on the latest developments around esthetic dentistry. Presenting collated data on anterior implants, they led a discussion on the rationale for pre-operative analysis, decision-making procedures, and clinical/laboratory step-by-step procedures when dealing with restoration. The discussion continued with critical appraisals of evolutionary implant designs and restorative components such as high-strength ceramic elements derived from Computer-Aided Design (CAD) and Computer-Aided Manufacturing (CAM) processes.

Another popular session, the Legal and Ethical Pitfalls in Orthodontics, jointly led by Kevin Lewis and Jane Merivale from Dental Protection Limited, provided an avenue to learn more about controversial dental issues. The speakers shed light on dental techniques used in orthodontics that tend to increase the risk of dento-legal problems. The session witnessed a lively debate on issues such as the complications of gaining consent for child treatments and the potential risks in cosmetic dental procedures for adults. The discussion rounded off with insightful measures on how to prevent getting embroiled in dento-legal issues, from ideas actively shared and contributed by participants. "It is important for dental practitioners to be aware of the potential dento-legal issues associated with certain procedures and learn how to minimize the occurrence of such problems. My goal is also to highlight to attendees and professionals in general, that legal complications may arise from any procedure, not just the more obvious ones like implantology or complex crown and bridgework. This is why it is important that dentists are cognizant of the risks involved and take adequate steps to mitigate them," said Kevin Lewis, who fielded several enthusiastic questions from the floor at the end of his session.

IDEM Singapore 2014 will be held in Singapore from 4 – 6 April 2014 at Suntec Singapore International Convention and Exhibition Centre. For more information on IDEM Singapore, please visit <http://www.idem-singapore.com/>.



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Post-show Release of 17th Dental South China 2012



Approved by Ministry of Science & Technology, P.R.China and organized by Guangdong Provincial Department of Science and Technology, the 17th Dental South China International Expo 2012, was successfully held in area C of China Import & Export Fair Pazhou Complex in Guangzhou during March 7th – 10th, 2012.

As the earliest-established and one of the most famous dental shows in China, Dental South China has gone through 17 remarkable years, before becoming an outstanding brand of dental exhibition across China and even Asia. With 1,740 standard booths (9sqm) and 652 exhibitors, the 17th Dental South China International Expo expanded its exhibition space to 36,200sqm in 2012, attracting world famous dental brands and excellent dental manufacturers from 26 countries and regions, including Germany, the USA, Italy, France, Sweden, Finland, Switzerland, Austria, Liechtenstein, the Netherlands, the UK, Canada, Turkey, Israel, Japan, Korea, Brazil, Singapore, India, Malaysia, Russia, Dubai and Denmark, Mainland China, Hong Kong and Taiwan, to exhibit their latest technologies, products and services. The four-day exhibition attracted 35,922 dental professionals from over 90 countries, rising by 17.4 % over last year. Hitting the historical high, overseas visitors accounted for 8.1% of total visitors, with a significant increase of 44% compared with that of last year.

A total of 93 dental conferences and seminars were held at Dental South China. Around 170 distinguished dental experts from the USA, Korea, Mainland China, Taiwan and HK gave lectures on both cutting-edge academic study and practical dental treatment. The three-day session has attracted over 6000 dental professionals. ADA Education Day, as a component of Dental South China International Conference, is the first training course in China co-organized by ADA. Two well-known experts from ADA were invited to give lectures on dental implant and orthodontics.

The Training Workshop on Dental Technology for ASEAN Countries, approved and sponsored by Ministry of Science and Technology P.R. China, continued to carry out this year. Around 20 dentists from Indonesia, Malaysia, Myanmar and Philippines undertook a 15-day training course. The training Workshop did enhance the academic exchange on dentistry between China and ASEAN countries.

It has been a productive and memorable exhibition in DSC 2012. The next Dental South China International Expo will be held in Area C of China Import and Export Fair Pazhou Complex in Guangzhou during Feb. 27th – Mar. 2nd, 2013.

CEDE 2012



The greatest event of dental market in Poland, Central European Dental Exhibition CEDE 2012 is over. The exhibition which was held on Poznan International Fair grounds from September 20th till 22nd has fulfilled both exhibitors and visitors expectations:

Total attendance: 19.530
Exhibition visitors: 13.492
Congress of Dental Teams participants: 1.250
Dental technicians' conferences participants: 310
Exhibitors: 260
Total surface area of the stands net: 7.570 sqm
Represented companies: 317

CEDE 2012 hosted a wide industry exhibition, Congress of Dental Teams sessions, congresses for implantologists, dental technicians, dental assistants, and a vast number of lectures, workshops and scientific meetings in cooperation with dental sector. Sessions covered wide range of issues, from cancer prevention and digital dentistry to temporomandibular joint disorder, from modern philosophy of dental procedures and occlusion considerations in implant dentistry to modern marketing for the dental surgery. As in previous year, live demonstrations in the CEDE Arena attracted great interest of visitors. By tradition, CEDE GRAND PRIX were awarded in four out of six categories: Dental Equipment, Dental Materials, Auxiliary Materials, Preparations and Prophylaxis Devices and Publishing and Education. GRAND PRIX 2012 statuettes were handed over by President of the Polish Dental Association (PTS) during the official part of GALA CEDE, which took place in the beautiful Grand Theatre in Poznan.

For more information visit www.cede.pl
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Greater New York Dental Meeting's 2012 Showcase Registration is Now Open!

Scientific Meeting Dates: Friday, November 23 – November 28

Exhibit Floor Dates: Sunday, November 25 – November 28

Exhibit Floor

In 2011, the Greater New York Dental Meeting registered 53,789 attendees from all 50 states and 127 countries. With its ever expanding exhibit floor, the GNYDM boasts its 1,500 exhibit booths including over 600 companies. The continuous partnership with the U.S. Department of Commerce International Buyer Program provides the opportunity to meet many worldwide senior level volume buyers as well as export counseling by government specialists to increase sales.

Educational Highlights

- Friday, Nov. 23 kicks off the Meeting with Dr. Bernard Touati and Mr. Jean-Marc Etienne presenting "Anterior Implant Esthetics" at the New York Marriott Marquis Hotel in the Westside Ballroom 5th Floor
- Build your own website for your Dental practice in a new and unique three and a half hour hands-on workshop offered Saturday through Wednesday; the GNYDM will supply the computers and attendees bring a USB Flash Drive with pictures and office information. Leave this workshop with a fully functioning website
- Don't miss the first ever Smoking Cessation Seminar offering professionals an effective way for dentists to deliver tobacco dependence treatment presented on Monday, Nov. 26
- Botox, Dysport and Dermal Fillers: These unique hands-on workshops introduce procedures on actual patients to teach Dentists skills on how to use Botox/Dysport and Dermal Fillers in their practices; offered Saturday through Tuesday
- Over 100 hands-on workshops feature the latest technological advances and the newest Dental materials

International Pavilion

In efforts to expand hospitality, free multi-language courses are offered in French, Italian, Portuguese, Russian and Spanish.

"Live" Demonstration Arena

The "Live" dentistry arena, a 430-seat high-tech patient demonstration area, offers revolutionary concepts of treating patients with new materials and applications takes place right on the exhibit show floor every morning and afternoon Sunday through Wednesday. There is NO cost to attendees.

Visit New York City

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Jayne S. McNiff, Program Manager

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A study made in the "Laboratory of Organ and Tissue Regeneration", headed by Professor Luigi F. Rodella of the Section of Human Anatomy, Department of Biomedical Sciences and Biotechnologies of the University of Brescia and published in the international journal "Microscopy Research and Technique" has highlighted some of its main features: the CGF consists of an organic matrix rich in fibrin that is able to "trap" a greater amount of growth factors (TGF- β 1 and VEGF); moreover, it contains CD34 positive stem cells, which are known to be recruited from blood to injured tissue and play a role in vascular maintenance, neovascularisation and angiogenesis.¹ In addition, another study underlined the need to establish a standardized protocol for preparing CGF (also said PRF-Platelet Rich Fibrin) membranes for clinical use.²

Form a clinical point of view, some recent studies about the use of CGF in maxillofacial surgery showed the efficacy of CGF in guided bone regeneration before dental implant placement.³⁻⁵ In particular, there are satisfying results about the use of CGF as alternative to bone substitutes for sinus augmentation.^{4,5} However, its features make it suitable for its use, alone or with other biomaterials, in other fields where tissue regeneration and remodelling is required.

To date, the research continue and is addressed to evaluate "in vitro" the ability of CGF of stimulate cellular proliferation and to test the efficacy of CGF in different clinical applications ranging from oral surgery, dermatology and cosmetic surgery.

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Following detailed research and analysis, this article has been written by Mr. Joe Pal, a marketing expert in the dental care industry.

With over 20 years of experience and university education including M.Tech and M.Sc., he has done enough research and testing of the **Zolar products** before associating himself with them. He is a Certified Management Consultant as well and takes pride in promoting Zolar products, Photon and Photon Plus.

Visiting a dentist used to be a stressful and a daunting experience until **laser dentistry was adopted** by modern day dental clinics. In the field of dentistry, usage of laser technique in dental treatment devices has completely revolutionized this medical practice. It has broadened the envelope of the thought process of dental professionals too.

The laser technique in dental operating tools has made the treatment **pain free**. In traditional dentistry, various types of drills were used which caused vibration and pain in our teeth. However, in laser dentistry, high energy laser technique is used which causes less stress to our teeth and jaws. Hence, reduced recovery time.

Due to immaculate features of laser dentistry, dental equipment manufacturing companies are increasingly using laser technique in their products. **Zolar Technology and Manufacturing, a Canadian company, has introduced soft tissue diode products after a research of over twenty years.** The two products are Photon and Photon Plus, both of them are ideal products for dental and medical laser surgeries. Some of the prominent benefits of both these devices are:

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A lot of dentists and well certified medical and marketing professionals have found Zolar products simply amazing. Some of the popular quotes by industry experts include:

• **Dr. Arsalan from Canada comments:** "Photon is amazingly easy to use and performs surgeries with precision due to its adjustable aiming beam. It is really cost effective and the manual with colored pictures and clear font text makes it simpler to use. And the best is that it opens with a password. There is no key. And for me it is a big relief."

• **Craig S. Kohler (DDS, MBA, and MAGD) from Wilmette, IL comments:** "I have used the Photon Plus and highly recommend it. My previous diode laser did not have disposable tips. This feature allowed me to bend the tip and have easier access to difficult areas in the mouth."



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Japan tooth patch could be end of decay



Handout picture released from Japan's Kinki University professor Shigeki Hontsu shows a tooth-patch, an ultra thin biocompatible film made from hydroxyapatite. Scientists in Japan have created a microscopically thin film that can coat individual teeth to prevent decay or to make them appear whiter, the chief researcher said.

AFP - Scientists in Japan have created a microscopically thin film that can coat individual teeth to prevent decay or to make them appear whiter, the chief researcher said.

The "tooth patch" is a hard-wearing and ultra-flexible material made from hydroxyapatite, the main mineral in tooth enamel, that could also mean an end to sensitive teeth.

"This is the world's first flexible apatite sheet, which we hope to use to protect teeth or repair damaged enamel," said Shigeki Hontsu, professor at Kinki University's Faculty of Biology-Oriented Science and Technology in western Japan.

"Dentists used to think an all-apatite sheet was just a dream, but we are aiming to create artificial enamel," the outermost layer of a tooth, he said earlier this month.

Researchers can create film just 0.004 millimetres (0.00016 inches) thick by firing lasers at compressed blocks of hydroxyapatite in a vacuum to make individual particles pop out. These particles fall onto a block of salt which is heated to crystallise them, before the salt stand is dissolved in water.

The film is scooped up onto filter paper and dried, after which it is robust enough to be picked up by a pair of tweezers.

"The moment you put it on a tooth surface, it becomes invisible. You can barely see it if you examine it under a light," Hontsu told AFP by telephone.

The sheet has a number of minute holes that allow liquid and air to escape from underneath to prevent their forming bubbles when it is applied onto a tooth.

One problem is that it takes almost one day for the film to adhere firmly to the tooth's surface, said Hontsu. The film is currently transparent but it is possible to make it white for use in cosmetic dentistry.

Researchers are experimenting on disused human teeth at the moment but the team will soon move to tests with animals, Hontsu said, adding he was also trying it on his own teeth.

Five years or more would be needed before the film could be used in practical dental treatment such as covering exposed dentin -- the sensitive layer underneath enamel -- but it could be used cosmetically within three years, Hontsu said.

The technology, which has been jointly developed with Kazushi Yoshikawa, associate professor at Osaka Dental University, is patented in Japan and South Korea and applications are under way in the United States, Europe and China.

Sources:

<http://www.france24.com/en/20120916-japan-tooth-patch-could-be-end-decay>

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- **Key goals:** make the economy more competitive to boost growth, clean up the financial sector, put public finances on a sustainable footing
- **Labor reforms should aim to put more people back to work**
- **IMF will monitor financial assistance to Spain's banks**

The Spanish government has passed a number of reforms to help the economy and financial system as the ongoing crisis in Europe means higher borrowing costs for the country. On the heels of the IMF's latest annual check-up of Spain's economy, James Daniel, IMF mission chief for Spain, sits down for an interview with IMF Survey online to discuss the challenges of reforming the country's economy and explain the IMF's policy recommendations.



- **IMF Survey online:** *What is the best way for Spain to balance austerity measures and increase economic growth?*

Daniel: The government seeks to strike a balance between the need to cut back the deficit and boost economic growth in three ways. **First, by making sure the measures to reduce the fiscal deficit are as growth-friendly as possible.** One example of such measures would be increasing the revenue derived from the value-added tax, rather than cutting productive spending. Raising the value-added tax has a less negative effect on growth than cutting spending; especially spending that has the potential to help growth. When compared to other countries in Europe, Spain raises less from the value added tax.

Second, the government is implementing reforms to make the economy more competitive, which will have a positive effect on growth. It should do more in this area. **And third, by making the financial system work better.** For example, the European loan will help clean up banks so they can lend more to healthy businesses rather than being stuck with loans to defunct real estate projects.

- **IMF Survey online:** *Why is unemployment so high in Spain, especially among young people, and what reforms are needed to address this problem?*

Daniel: This is a big issue for a number of reasons. **First and foremost, it's bad for human dignity and a large strain for families. It also has adverse economic implications:** it's bad for government revenues, it can lower potential growth going forward, and it's bad for the banks because people out of work can't afford to pay back their loans.

First, let me say that unemployment is unacceptably high in Spain, much higher than in other countries, especially for young people. **Unemployment has risen to almost 25 percent and for young people it is now over 50 percent, which is terrible.** Part of the reason is the bursting of the housing bubble, but that's only part of the story. Spain has always had high unemployment and there are other countries that have had housing bubbles burst that have not had such high unemployment, such as the United States, Ireland, and the United Kingdom.

As we have pointed out for many years, there are big problems in the way the Spanish labor market works or, rather, doesn't work. Especially the big divide between those with permanent and protected jobs and those, who are often young, with temporary jobs. This structure of the labor market means that when bad economic times hit, firms have to

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adjust by sacking temporary workers rather than by changing working conditions, including wages. This way of doing things disproportionately affects young workers. In the rest of the world they do a bit of both, hiring and firing, but also changing working conditions and adjusting wages. For example, temporary employment has fallen by a third since the beginning of the crisis, whereas permanent employment has only dropped by 6 percent.

Fixing this requires making the labor market more inclusive. **So the IMF is recommending two things for Spain: make sure more people are working; and give firms the confidence to hire, even if it means some people are working in a different way, under more flexible conditions, or for less pay.** We would like to see a more inclusive labor market rather than one divided between protected and unprotected workers; one that helps firms adjust to difficult times without having to let workers go.

In other countries wages go up and down, and employment doesn't move so much. Spain is the outlier. **We want firms to be able to agree with their workers about working conditions that reflect economic conditions, and not having to respond just by sacking people.**

The labor market reforms adopted by this government in February of this year and by previous governments go in this direction. Of course, these are very sensitive issues that affect society at large and are difficult to change. Indeed, we suggest it might be helpful to have a more cooperative approach that involves the government, the labor unions, and the employers whereby regaining competitiveness should be the overarching objective.

• **IMF Survey online:** *Financial markets don't appear convinced by the reforms already taken by the government—what more can they do to restore investor and market confidence?*

Daniel: **Spain's plans are good, it now needs to deliver.** The country has passed many reforms and made many commitments, and now the government needs to deliver on them so the results can be seen. For example, it's not enough to announce ambitious fiscal deficit targets, especially as in the past these targets were missed. The government now needs to hit these targets. Actually, it should be trying to surpass these targets, to generate good, not bad, surprises. The recent package of measures, which includes raising the value-added tax from 18 to 21 percent and the removal of the mortgage income tax deduc-

tion, is encouraging in this regard. These are measures well designed to minimize the drag on growth. **But the problems that Spain faces in the financial markets go beyond the country's borders, and speak to the design flaws in the eurozone.** European leaders need to complete the reforms they have announced and fix the flaws in the monetary union. Most immediately, for example, Europe could draw up a roadmap for transforming the European loan to the government into a direct recapitalization of banks by Europe's rescue fund, the European Stability Mechanism. Spain's role would be to demonstrate to its eurozone partners that the country is putting its own house in order.

Many of the reforms will take some time to bear fruit. Take the example of labor market reform; in the current difficult environment it's hard to see that employment will be created quickly, but we should be able to see the signs of it working. We would like to see evidence that firms are now using the new law, for example, to have more firm-level agreements, and to change working conditions so that they don't have to cut jobs. There are some tentative signs this could be happening.

• **IMF Survey online:** *What role will the IMF play in monitoring the European financial assistance for Spain's banks?*

Daniel: We published our Terms of Reference for this monitoring on our website on July 20. Our contribution will take the form of technical assistance, and our goal is to provide our independent advice and views on what we find. This will involve monitoring Spain's financial sector regularly, including the progress on the financial sector reforms the government has committed to when it agreed the loan with its European partners. We expect to deliver updates every few months or so detailing the progress made in restoring Spain's banking sector to health. We will provide these regular reports to our Spanish and European counterparts, and the firm expectation is that they will be published promptly.

During this process, we will of course be coordinating closely with our Spanish and European counterparts. At the same time, we are an independent institution, not party to the loan, and will report our views accordingly.

Source:

Author: IMF- International Monetary Fund

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Henry Schein UK supports Students from Cardiff Dental School to provide access to oral healthcare for underserved people

Gillingham, September 10, 2012 — Henry Schein UK, subsidiary of the US-based Henry Schein, Inc. (NASDAQ: HSIC), the world's largest provider of health care products and services to office-based dental, medical and animal health practitioners, donated 50 oral health care travel packs to International Health Partners (IHP) for distribution to health care professionals in developing countries around the world. One of the supported outreach programmes was a two-week trip of twenty-one students from Cardiff Dental School to Ghana. The trip was organised by Global Brigades, a charitable organisation which since 2004 has mobilised thousands of university students and professionals to improve quality of life in underserved communities. One of nine skill-based programmes is the Dental Brigade. This mission from the Cardiff Dental Schools' students was the first outreach trip of Dental Brigade to Ghana. During the stay, a dental clinic in Ekumfi Agyankwa, a village about two hours away from the Ghanaian capital Accra, was build up. **Over 400 adults and approximately 500 school children were treated, dental check-ups were made and immediate dental pain relief was delivered.** Furthermore, the dental professionals were able to provide education for life-long oral health benefits, and tooth brushes and tooth paste were given to the local school children.

"The Global Brigades trip to Ghana was a great success in many aspects", stated Sachin Sheth, student of the Cardiff Dental School and co-ordinator with IHP, "We not only were able to help so many local Ghanaians. This outreach programme also made a huge difference to our personal lives and our elective experience". The students have been accompanied by five dentists and one specialist oral surgeon.

The donated travel packs consist of a pre-packed assortment of essential dental supplies that oral health care professionals can use to treat those in need. This initiative is part of Henry Schein Cares, the Company's global social responsibility programme which expands access to health care for underserved and at-risk populations around the world. This joint pilot project

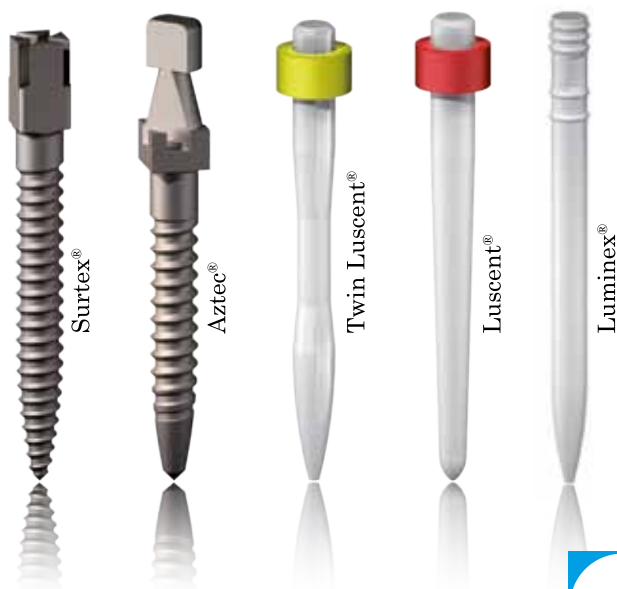
between Henry Schein and IHP to investigate the need and response to a pre-assembled oral health travel pack in the United Kingdom, has been successfully completed. All oral health travel kits have already been distributed. "We are very pleased to see that our donation is helping dental professionals provide crucial treatment for oral diseases as well as essential preventive care to those in desperate need. The oral health travel packs donation is exactly meeting with the mission of our global social responsibility programme, Henry Schein Cares, and we are very grateful that we were able to realise this programme through the generous support of some of our supplier partners", said Simon Gambold, Managing Director, Henry Schein -UK. About International Health Partners (UK) Limited IHP is a UK-based charitable organisation that provides free medical aid to the world's most needy people by matching donated resources from pharmaceutical and medical supply companies in the UK & Europe, to identified needs among medical NGOs and individuals who are providing healthcare in the developing world. IHP operates in partnership with the pharmaceutical industry, NGOs, medical community and government, and is the first such partnership in the UK. For more information, visit the local web site www.ihpuk.org.

About Global Brigades

Global Brigades is the world's largest student-led global health and sustainable development organisation. Since 2004, Global Brigades has mobilised thousands of university students and professionals through nine skill-based service programmes to improve quality of life in under resourced communities. In 2010, Global Brigades signed the American Dental Association's (ADA) code of ethics to adhere to its standards for healthcare in its partner communities during and outside of brigades. For more information, visit the Global Brigades local website at <http://www.globalbrigades.org/about/gbs-network/united-kingdom> or the association website at www.globalbrigades.org.

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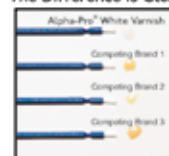
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Add: 91 Tran Hung Dao Str Hanoi City

•• **06-08/12/2012 Dental-Expo Ekaterinburg 2012 (Ekaterinburg – Russia)**

Organizers: Uralexpocenter, DENTALEXPO
Postal Address: P.O. box 27, ZAO "DE-5" 119049 Moscow, Russia
Tel: +7 495 921 40 69
Fax: +7 495 921 40 69
E-mail: info@dental-expo.com
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Shaynurova Inga
Tel: +343 286 11 63/53
E-mail: ingaurealex@gmail.com
Venue: CMTE
Kuybisheva st., 44., Ekaterinburg, Russia

•• **28-30/12/2012 Expodent International India 2012 (New Delhi – India)**

Expodent Organizing Committee
Secretariat: Pete Channappa Industrial Estate Kamakshipalya, Magadi main Road, Bangalore 560 079
Tel: +91 80 23280801 // 23481347
Fax: +91 80 23280822
E-mail: info@expodent-india.com
Website: www.expodent-india.com
Venue: Pragati Maidan, New Delhi, India

January '13

•• **05-06/01/2013 1st International Orthodontic Conference (Doha – Qatar)**

Organized by: Hamad Medical Corporation
Department of Dentistry
Doha-Qatar, P.O.Box: 3050
Tel: +974 44397030 Fax: +974 44393029
E-mail: QorthoC@hmc.org.qa
Contact Person: Dr. Maryam Al Farsi
E-mail: malfarsi@hmc.org.qa
Venue: The Ritz -Carlton, Doha
Tel: +974 4484 8000
Website: www.ritzcarlton.com

•• **12-13/01/2013 20th MDA/FDI Scientific Convention and Trade Exhibition Malaysian Dental Association (Petaling Jaya – Malaysia)**

54-2 (2nd Floor) Medan Setia 2
Plaza Damansara, Bukit Damansara, 50490 Kuala Lumpur - Malaysia
Tel: +60 3 20951532 // 20951495
Fax: +60 3 20944670
E-mail: mdaassoc@unifi.my
Website: www.mda.org.my
Trade Exhibition Chairman: Dr Teh Tat Beng
Tel: +60 12 466 3779 / +60 5 254 3827
E-mail: drtehtatbeng@gmail.com
Venue: Sunway Pyramid Convention Centre, Malaysia

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•• 31/01-02/02/2013 38th YANKEE DENTAL CONGRESS 2013

(Boston, Massachusetts – USA)

Massachusetts Dental Society
Two Willow Street, Suite 200
Southborough, MA 01745 - USA
Tel: +1 508 480 9797 // 877 515 9071
Fax: +1 508 480 0002 // 449 6159
Exhibition questions: exhibits@massdental.org
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E-mail: atorpey@massdental.org Tel: +1 508 449 6031
Exhibits Coordinator: Rachel Marks
E-mail: rmarks@massdental.org Tel: +1 508 449 6059
Exhibition Venue: Boston Convention & Exhibition Center
415 Summer Street, Boston, MA - USA

•• 31/01-03/02/2013 31st CIOSP - Sao Paulo International Dental Meeting (Sao Paulo – Brazil)



APCD- Sao Paulo State Dental Association
Rua Voluntarios da Patria, 547
Santana, 02011-000 Sao Paulo , Brazil
Tel: +55 11 2223 2518 // 2525 Fax: +55 11 2221 3810 // 7204
E-mail: ciosp@apcd.org.br

Exhibit e-mail: decofe.comercial@apcdcentral.com.br
Website: www.ciosp.com.br
Venue: Expo Center Norte - Centro de Exposicoes e Convencoes, Sao Paulo - Brazil
www.ciosp.com.br

February '13

•• 05-07/02/2013 AEEDC Dubai 2013- The 17th edition of the UAE International Dental Conference & Arab Dental Exhibition (Dubai - United Arab Emirates)



INDEX Conferences & Exhibitions
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Infodent Booth: 39-40-41

•• 21-23/02/2013 148th Chicago Midwinter Meeting (Chicago – USA)



Chicago Dental Society
401 North Michigan Avenue Suite 200
Chicago, Illinois 60611-4205, USA
Tel +1 312 836 7300 / 7327
Fax +1 312 836 7329 / 7339
E-mail: mwm@cds.org
Contact Person: Ms. Lisa Girardi
E-mail: lgirardi@cds.org
Website: www.cds.org
Exhibition venue: McCormick Place, West Building -Chicago
2301 S. Indiana Ave., Chicago, IL
60616 - U.S.A.

Infodent International 4/2012

•• 27/02-02/03/2013

18th Dental South China International Expo 2013 (Guangzhou – China)

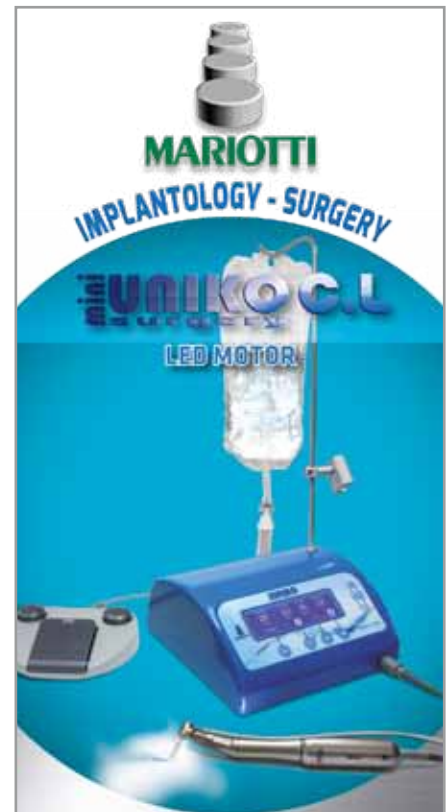


Guangdong International Science & Technology Exhibition Company (STE)
 Address: c/o Department of Science & Technology of Guangdong Province
 171 Lianxin Road, Guangzhou, 510033 - P.R. China
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 Fax +86 20 83549078
 Website: www.dentalsouthchina.com
 Website: www.dentalexpo.cn
 Venue: Area C, China Import & Export Fair, Pazhou Complex
 Address: 380 Yuejiang

•• (12-16/03/2013) IDS 2013 35th International Dental Show (Cologne – Germany)



Organised by VDDI
 Verband der Deutschen Dental-Industrie e.V.
 Aachener Str. 1053-1055
 50858 Köln
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GREAT NEWS FOR DENTAL MARKET

Trident - New Idem alliance

Milan, July 16.

According to sources close to the situation, Trident has acquired 33% of New Idem, which has been considered a great move by TRIDENT on its expansion. It is recalled that this company has already initiated a strong and aggressive marketing campaign for its sterilization line and that now is increasing its portfolio with the exclusive NEW IDEM dental UNIT.

With these new proposal they expect to renew the success that IDEM achieved 40 years ago, when this Italian company introduced COLIBRI the S.P.R.I.D.O. dental unit for the very first time in the world.

It was learned that they are going to participate at the ExpoDental 2012 at Milan in the middle of October. There, visitors will have the chance to see the SOLE BA autoclave and the complete sterilization line as well as the new range of the innovative, ergonomic and functional dental units, adaptable to any branch of dental practice.

trident

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