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dental-kunststoffe • zähne

**valplast**

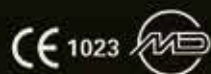
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& Latin America

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spontaneous exposure of submerged  
implants: classification and clinical observations

• The Principles for Startups:  
Build & Measure your Business

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ENROLL series



Intra X-ray Unit  
RAY series



Oral Digital Image System  
DS730 (plate)

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IDS 2015  
March 10-14, Cologne

📍 Hall 04.1 Stand B-051

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# Hyperion X5: airgonomics



The world's smallest wall-mounted panoramic imager.

Compact, light, smart. Hyperion X5 can be installed on any wall suitable for an intraoral X-Ray. Innovative technology, user-friendly interface; airgonomics. The best, always providing constant support.

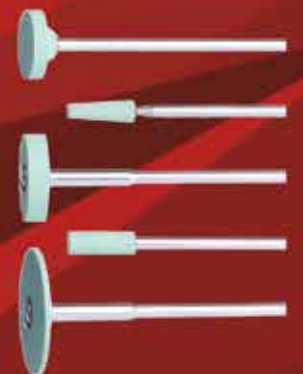




NEW



# HP CerDia



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36. Internationale Dental-Schau  
36<sup>th</sup> International Dental Show  
COLOGNE, 10.-14.3.2015

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Hall 3.2 / Stand F11

## EASY2FIX SYSTEM



Easy2Fix, a unique dental implant system was developed to overcome the surgical trauma, the lack of adequate bone volume and its elevated cost by using small diameter guided implants with biomechanical enhanced primary stability, allowing immediate and long lasting denture stabilization.

The design has been validated by biomechanical testing and clinical randomized controlled trials published in international journals of implant dentistry.  
The procedure takes 15 minutes and there is no recovery period for the patient, allowing

immediate function without the typical risks associated with other surgical implants, it provides a very precise standardized protocol, useful for general practitioners and beginners.

The Easy2Fix system, offering the most cost-effective solution in one dentist's session, is the perfect solution for edentulous patients.



The Easy2Fix System is another revolutionary product from Cortex Dental Industries Ltd. [info@cortex-dental.com](mailto:info@cortex-dental.com)

## CONICAL PLATFORM

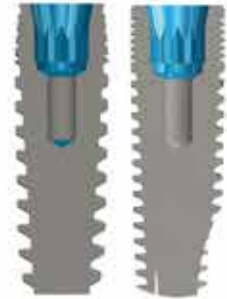
**The latest addition to Cortex's family of high quality, reliable and easy-to-use products.**

Morse Taper connection, superior in decreasing the complications associated with micro-gap with maximum accuracy of prosthetic components.

Compatible to Astra Tech connection system.

Comfortable with a conical connection?  
Try Cortex's Conical Platform.  
Uncompromised quality that lasts a lifetime\*.

Available in three platforms:  
narrow, regular and wide for Dynamix and Classix dental implants.



The Conical Platform is another revolutionary product from Cortex Dental Industries Ltd. [info@cortex-dental.com](mailto:info@cortex-dental.com)

## MULTI UNIT

Cortex MultiUnit system is an abutments system which contains abutments in 18°, 30° and 45° angles, relative to the implant axis. This system is mainly aimed for screwed bridge prosthetics.

Designed for Internal Hexagon interface and for the brand new Conical Interface.

The system is fully compatible with Nobel Biocare MultiUnit system in terms of the connection cone to the sleeves, analog and transfers.



The Multi Unit is another revolutionary product from Cortex Dental Industries Ltd. [info@cortex-dental.com](mailto:info@cortex-dental.com)

## MAXIMUS

The Maximus Implant is a Wide dental implant with cap shape for replacement multi rooted teeth immediately after extraction or in wide ridges.

It is a one piece implant with integrated hexagonal abutment for fixation and can be used for screw retained or cemented restorations.

It features a screw shape body with hollow internal chamber for bigger bone to implant contact and better stability.  
The lower part of the implant collects bone chips during insertion into its inner part.

Maximus implant is an outcome of deep research and development made by doctors for doctors.



The Maximus is another revolutionary product from Cortex Dental Industries Ltd. [info@cortex-dental.com](mailto:info@cortex-dental.com)



# CORTEX™

The Future of Dental Implants



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Cortex is seeking Exclusive Global Distributors for several western europe countries. Only suitable candidates will be answered  
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Come visit us at IDS, Cologne, Germany, March 10th-14th, Hall 3.2 booth no. C-019

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# ECLECTIC STYLE.



10:00 a.m.  
Dr. François Dubois



12 noon  
Dr. Eddy Jones



1:00 p.m.  
Dr. Bob Hughes



3:00 p.m.  
Dr. Sonia Bianchi

## New Puma Eli Ambidextrous

One dental practice. Multiple operating styles. One dental unit.

Puma Eli Ambidextrous allows dentists to change the instrument set-up from right to left - and vice versa - quickly and easily, making it ideal for both right and left-handed users. The changeover takes just a few minutes, is simple and requires no technical assistance, making the unit suitable for a wide range of operating styles. The result is a complete, multipurpose dental unit, designed to convert flexibility into maximum efficiency.



### WOW Advanced (Active Ceramic Self Ligation)



- Polycrystalline
- Cap strength enhanced - Super Elastic Cap
- CIM (Ceramic Injection Molding) Method
- Mechanical pattern base with special coating

### YES Bracket (Active metal Self Ligation)



- Outstanding Super clip Flexibility for easier use
- Low profile design, Comfortable feeling
- Special Mesh base for great bonding



**PERFECT CLEAR**  
(Sapphire Ceramic Bracket)



**OK REAL RESIN**  
(Resin Bracket)



**MINI SCREWS**  
(Standard & Cross Head)

### Coated Arch Wire

Aesthetic harmony with Ceramic brackets

Tooth color coated  
- **Perfect**



Rhodium coated  
- **Gemma**



- Remarkable Aesthetic Elements
- Outstanding Durability
- Superior Sliding

### Additional Hubit's Products



Facemask



Tube



Lingual Bracket

Please Visit us at IDS : Hall 3.2 Booth B068

# Editorial

## Infodent International at IDS 2015



Since many years, IDS Cologne has established itself as the largest international showcase for the dental sector and the most important meeting point between manufacturers and distributors, at the same time always engaging the worldwide scientific community as well.

Once more, the 36th edition is recording an increase in the number of exhibitors, around 2,100 companies from 56 countries ready to present their novelties to an international public of 125,000 estimated visitors coming to Cologne from 149 countries.

I would like to give special thanks to all the advertisers in our magazines **Infodent International**, **Infomedix International** and **Inews**, who have been trusting us for many years.

Through their support, **Infodent International** has affirmed itself as the only international B2B magazine for the dental market, and to them we dedicate our latest creation: Infodent application for smartphones and tablets.

**Infodent App** is designed to provide companies with all the necessary information to organise and increase their business, including international trade shows and events, new products, company insights and profiles and news about the dental market.

Infodent App is available for free download on Google Play, App Store and Windows Store.

We remain strongly committed to our mission of providing useful and performing services to all the companies and trade professionals operating in the dental sector.

**I wish you all an excellent time at the IDS 2015!**

**Baldo Pipitone**

CEO Infodent S.r.l.

*baldo.pipitone@infodent.com*



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# Tethys H10.

The world of disinfection will never be the same again.

35  
min  
Complete cycle



4 in 1

1

#### Decontamination

Reduction of the bacteria count on instruments.

2

#### Washing with ultrasound

Removal of organic and inorganic residues from instruments.

3

#### Thermal disinfection

Drastic reduction of the number of living microorganisms on instruments.

4

#### Drying

Elimination of steam in the tank and residual moisture on instruments.

One process, one step.

Tethys H10 is an innovative EN ISO 15883-1/2-compliant disinfection device that transforms the manual tasks making up the sterilization protocol into a simple, fast, automated process.

**SPEED, SAFETY AND SAVINGS – ALL IN ONE STEP.**



On this issue



**FOCUS ON TURKEY**

“Turkey is located between Europe, Asia and Middle East. Its position at the crossing of commercial routes and its centuries-old tradition of ethnic mix makes it a privileged bridge linking different cultural areas and markets...”



**FOCUS ON UNITED KINGDOM**

“The United Kingdom includes the island of Great Britain, consisting of England, Wales and Scotland, and the north-eastern part of Ireland, together with many smaller islands...”



**FOCUS ON EAST ASIA**

“The national healthcare reform was introduced in 2009 to improve the system at all levels, starting from insurance, to public health and management as well as the supply chain...”

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for Superior Quality Flexible Partial



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# CLASSE



NEW



## CLASSE L. LIMITLESS EXPERIENCE

**New ergonomics, a different working dimension.**

We've come up with a new operating model: simple, immediate, always at your side. This is Classe L. A line of extremely high-performance solutions. Each dental unit has a compact design that guarantees maximum working freedom. To provide you with an incredible working experience. Discover the Classe L9 and Classe L6. Where comfort has been designed for you.



CLASSE L9 SIDE DELIVERY



CLASSE L6 CONTINENTAL



CLASSE L9 SIDE DELIVERY



---

Cefla Dental Group boasts 80 years of experience in the medical field, a host of patents, design awards and milestone innovations.

---

# WE ARE CEFLA, BRAND BEHIND THE BRANDS

There's only one place and one occasion when Europe's leading dental equipment manufacturer gets together under one roof: the IDS. This is a unique opportunity to discover 7 brands with products and services ranging from high-tech treatment centres to medical grade sterilisation equipment; from dynamic instruments to cutting-edge 2D or 3D radiology.



---

WE ARE CEFLA.

---



**There's only one place** and one occasion when Europe's leading dental equipment manufacturer gets together under one roof: the IDS. This is a unique opportunity to discover 7 brands with products and services ranging from high-tech treatment centres to medical grade sterilisation equipment; from dynamic instruments to cutting-edge 2D or 3D radiology. Cefla Dental Group is the most diverse global player on the market, able to offer dental professionals the widest range of specialist equipment. Designed in Italy and manufactured in state-of-the-art plants, powered by a multinational group, products of each brand are distributed globally and bring countless benefits and innovative solutions to tens of thousands of dentists, radiologists and surgeons across the world. 800 sqm of exhibition space to discover the latest innovations including a new line of exclusive dental units with groundbreaking touchscreen

controls; a revolutionary hybrid disinfection device; an ultra-compact, wall-mounted panoramic imager; the ultimate HD digital camera; a 2D/3D imaging system with over 50 different examination modes; and probably the most eye-catching experience for visitors at the 2015 edition of IDS: what does the Google Glass have in common with endodontics? Cefla Dental Group has the answer. Headquartered in Imola, where a multidisciplinary R&D team develops systems and applications based on leading technologies and designed to ensure easy-to-use functions, Cefla Dental Group boasts 80 years of experience in the medical field, a host of patents, design awards and milestone innovations. Global partners, local service centres and round-the-clock technical assistance as well as web-based tools to ensure the best support worldwide.

## **GOOGLE GLASS A WINDOW ONTO THE FUTURE**

Don't miss a trip into tomorrow's world and enjoy the unique demonstration of how Stern Weber is turning dental units into high-tech hubs, ready to integrate technologies and devices which will transform the face of dentistry. Extending innovations beyond the sphere of medical devices, Stern Weber calls on contemporary wearable devices to glance at future possibilities. Experience live video stream from the intraoral camera, view X-rays and patient data, try out the different ways of interacting with the Glass using voice commands or touch technology. Imagine a new way of working. Join us daily on the Stern Weber booth.

## **ANTHOS**

The widest range of solutions for dental professionals who require a rational answer to their real needs. Classe A treatment centres can be equipped with simple devices or exclusive systems, the choice is open and whatever configuration you opt for, all devices are fully integrated into the unit's electronics, so you can work as you want with an upgraded version of Anthos software. Breaking ground for Anthos, the new Classe L line of treatment centres, making its debut at IDS, is a space-efficient range of units providing more flexibility and better ergonomics comparable to the Classe R7 premium ambidextrous unit which has been restyled for 2015.

### **Classe L9 ENHANCED PERFORMANCE. LIMITLESS EXPERIENCE**

The new top-of-the-range Classe L9 floor-fixed treatment centre features the latest evolution of the Full Touch control panel, a new patient chair, versatile Continental ergonomics enabling right or left-handed usage or the new Side Delivery model, and can fit the complete range of hygiene devices and the full multimedia system with the new HD camera.



---

## CASTELLINI

With exclusive style and expertise, Castellini celebrates 80 years of pioneering innovation. Loved by professionals across Europe, Skema 5, Skema 6 and Skema 8 will be accompanied by the new Puma ELI, also in its ambidextrous set-up to be revealed at IDS. A renewed selection of dynamic instruments (brushless micromotors, scalars, turbines & contra-angles) will also be presented at IDS. An expert in the dental sector, Castellini leads the field by turning innovation into everyday value.

### PUMA ELI AMBIDEXTROUS, ECLECTIC STYLE

Simple, versatile and providing superb comfort with a synchronised patient chair able to lift up to 160 kg, the ambidextrous version of the Puma ELI can adapt to just about any operating style. Puma ELI Ambidextrous offers a highly practical solution for modern surgeries with two or more dentists.



---

## STERN WEBER

Foreseeing the future today is a way to guarantee a more innovative tomorrow. On display at the booth, visitors will find two of the exclusive S380TRC treatment hubs with rotating chair and motor-driven leg rest. Each of the three ergonomic lines will be on show and include the new hybrid version of the S320TR unit offering right and left-handed functionality.

### STERN S380TRC, ENTER THE INNOVATION ZONE

S380TRC allows the dentist to explore new capabilities within the diagnostic field, with advanced integrated systems, the latest software evolution and Full Touch control panel. S380TRC provides the innovation needed to achieve new goals. Rotating chair, synchronised backrest and leg rest movements, powered retractable footrest: each function is designed to offer outstanding comfort.



---

## VICTOR

Developed by an Italian design team, built in Suzhou, sold globally, the Victor brand is distributed in China and over 20 countries worldwide. The current installed base has reached 15,000 units in China alone where 70 companies cover the domestic market.

### LET'S MEET THE WORLD

The V100, V200 and V300 units incorporate modern, functional solutions, high-quality dynamic instruments, operating lights and ergonomic foot controls. Entry-level unit AM6015 is ready to surprise dentists with typically European reliability and design solutions. SYTPLUS is a modern simulation unit designed to enable students to experience working conditions that come as close as possible to real life situations.



---

**Part of a major industrial concern with a global outlook and specific local expertise, each brand is exhibiting separately at IDS. Be sure to visit them all.**



**Anthos** - HALL 11.2  
stand n. Q-020 R-029/028



**CASTELLINI**  
PASSION FOR DENTISTRY SINCE 1935

**Castellini** - HALL 11.1  
stand n A-010 B-011



YOUR TALENT INSPIRES US

**Stern Weber** - HALL 11.2  
stand n R-038 S-039

---

## MOCOM

A qualified team of sterilization system specialists have shaped the development of a complete range of user-friendly equipment covering the key needs for sterilization in the medical field. Decontamination, washing, disinfection, drying, bagging, sterilization, traceability. Step by step solutions and revolutionary devices will be showcased at IDS including Tethys H10, the new Disinfection Device.

### THE H10 REVOLUTION

Tethys H10 combines, in a single exclusive process, the power of water, the energy of heat and the force of ultrasound to maximise safety, process speed and user-friendliness. Decontamination, washing, disinfection and drying all in one single step, ensuring simpler, faster, more effective workflows. Easy, it's Mocom.



---

## MYRAY

MyRay improves your diagnostic capabilities and turns technology into an immediate benefit in terms of performance and quality. This year MyRay introduces the smallest, wall-mounted digital panoramic imager in the world: Hyperion X5. MyRay is also releasing its new intraoral camera with 16:9 HD sensor, track pad, 7 glass lenses, diffused LED illumination and plug & play simplicity.

### HYPERION X5, AIRGONOMICS

Ultra-compact, clean design, just right for any practice. With Hyperion X5, all you need is a wall, zero footprint. So light, installation requirements are equivalent to those of an intraoral X-ray unit. Astonishingly simple to use thanks to a user-friendly interface and MRT technology, Hyperion X5 achieves up to 15 2D projections in just a few, simple steps.



---

## NEWTOM

Pioneers of CBCT imaging in the dental sector, NewTom creates acclaimed solutions for clinical diagnostics. The 5G Cone Beam 3D imaging system is capable of scanning numerous anatomical areas, including the dental structures, small joints and the maxillofacial and cervical regions. GiANO is a hybrid 2D imager upgradable to integrate full 3D capabilities.

### VGI EVO, THE ULTIMATE CBCT IMAGING SYSTEM FOR MAXILLOFACIAL AND ENT APPLICATIONS

Introducing a revolutionary image chain, VGi evo features a larger, improved flat panel sensor for 3D volumes up to 24x19 cm; innovative Sharp 2D technology for low-exposure HD protocols delivering a full set of panoramic and cephalometric projections with a single scan; and dynamic X-ray sequences stored as a video with the new CineX function.



**Victor** - HALL 11.2  
stand n S-024



**Mocom** - HALL 11.2  
stand n S-029



**MyRay** - HALL 11.2  
stand n R-030 S-031



**NewTom** - HALL 11.1  
stand n A-018 B-019

## • AquaCare 'a great force hidden in a GentleStream'



HEXAGON International (GB) Ltd. will feature Aquacare by VELOPEX INTERNATIONAL.

Use breakthrough technology with AquaCare to deliver comfortable, quick cleaning and cutting procedures by using a fine 'GentleStream' of fluid combined with a tiny volume of media directed at the teeth to be treated. Decay is comfortably removed with minimal sensation, leaving healthy tooth material undisturbed. Cutting is achieved using

basic principles of Minimal Invasive Dentistry, preserving healthy structure for optimal restorations. Unlike a conventional dental drill, the AquaCare hand piece makes no contact with the tooth and there is no unpleasant heat, vibration or odor. No drill, no injection; there is so little sensation that anaesthetic injections are rarely necessary. [www.velopex.com](http://www.velopex.com)  
See AquaCare alongside Tongue'N Cheek Superabsorbent Dental PADS, APEX USA Dental materials + BANA Test (perio/halitosis)



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## • MADESPA ENLARGES ITS VENTURA DENTAL GYPSUM LINE



Backed up by our experience of more than 50 years in the manufacture of dental gypsums, we have been able to develop and complete our VENTURA range of gypsums, with the aim of offering the most suitable gypsum for each type of use.

Gypsum is a chemical compound subjected to the most different and confusing statements by experts. Our experience and control and production equipment allow us to identify the raw materials needed and make the best formulation in order to obtain dental gypsum of the highest quality. Madespa has currently undertaken a significant investment in a production equipment and has also developed a complete testing and quality control laboratory, thus enabling us to build up and improve a comprehensive range of products, all under ISO 9001 requirements. The fact of working closely with dental casts users allows us to manufacture the best products for the most demanding needs.



[www.madespa.com](http://www.madespa.com) // [international@maadespa.com](mailto:international@maadespa.com) Visit us at IDS 2015, Hall 11.2, Aisle P Booth 034

## • Introducing OEMdental



Introducing 'OEMDental', the private label manufacturing division of Associated Dental Products Ltd, manufacturing dental materials for many of the worlds leading brands. OEM Dental can add value to your own brand by sharing in your vision for its development and growth. Contact our Product Manager, Alistair Mayoh - [alistair@oemdental.com](mailto:alistair@oemdental.com) for a meeting at IDS 2015.

OEM Dental can deliver a guaranteed improvement in your profit margins on many products, including modelling wax, acrylic, prophylaxis paste, bite registration materials, filling materials, cements and liners and disinfectants. We would like to grow your profits and improve your market share with these products.

Visit our web site to discover more about our private label manufacturing division and team of experts.



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How to make successful endodontic treatments without any risk of superinfection? The French laboratory ITENA Clinical has solved this problem by developing for dentists a revolutionary handpiece named Irrigatys. This two-in-one device is used for both, irrigation and agitation of the cleaning solution inside the root canal. To do this, the laboratory put a perforated metal tip at the top of the handpiece to deliver the cleaning solution in an oscillating movement. Ambidextrous, light and flexible, the device has excellent ergonomics providing intuitive handling. Irrigatys recharges on a charging station which can be fixed to the chair. A removable tank allows treating the root canal successively using hypochlorite and EDTA. The irrigation line leads the cleaning solution through the metal tip. Irrigatys is available with all its accessories in a starter kit. Two sizes of metal tips are available, 17mm and 21 mm to cover all clinical cases. This patented technology, developed after six years of research, optimize the results of a very complex procedure. ITENA Clinical invites you to discover this unique device during the IDS exhibition on booth Hall 11.2 R58.

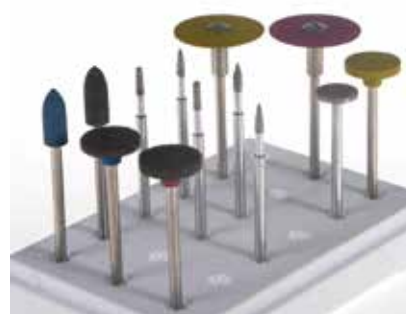


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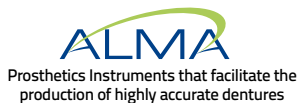
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## • Flexite Clasp-Eze



Flexite Clasp-eze is a great way to make inexpensive clasp repairs to any existing partial denture. Each clasp is pre-formed and tapered. Easy to Use - Time Saver - Available in tooth color, pink and clear. See Flexite website for full instructions and video

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• **Melbur**



Melbur is a manufacturer for dental rotary instruments such as diamond bur, tungsten carbide bur, and polisher. Continuous research, development and promotion of years makes Melbur attain powerful technologies, advanced equipments and perfect service system, forming a good corporate image. Melbur will display various kinds

of new products at IDS dental show in Cologne, especially the polishing kits for dentures made from different materials. The latest designed kit can help dentists to finish, polish and super-polish the ZLS (Zirconia Lithium Disilicate Glass Ceramic), Composite, Pressible Porcelain, Enamic, Suprinity, etc.



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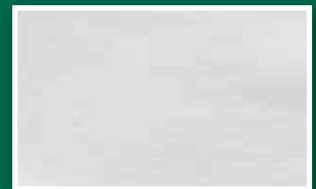
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• **Leonardo - The Innovative Rapid Palatal Expander**



This new product has several innovative features thought to simplify the work of technicians and doctors, and to be easy to use for the patient. The main features are:

**Stability.** The two telescopic components of Leonardo's body are always overlapped for the maximal longitudinal and torsional rigidity and high stability, at its maximum opening. The inbuilt housing of the arms and their laser welding grant an highest resistance and a perfect oral hygiene.

**Compact dimensions,** its body design minimize encumbrance into the mouth, and increase patient's comfort.

**Easy-to-use:**

- chamfered hole to simplify the insertion of the opening tool;
- lateral screw for fast opening/closing in laboratory;
- graduate scale for an immediate reading of the opening level achieved

**Safety:**

- mechanical stop to prevent disassembling at the maximum open;
- mechanical anti-unscrewing system to avoid unwished opening into the mouth.

Leonardo is protected by the following patents:

US 13/943830 patented

PD2013A000196 patent pending

PD2014A000295 patent pending

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• **IRIS-100: Navigating the Future of Dental Implants**



Implant Real-time Imaging System (IRIS-100) features the utilization of optical tracking systems to visualize instantly the implant handpiece and drill with a CBCT image. With the aid of this intra-bone GPS function, users can see the position of the drill

and data such as bone quality, nerve, sinus location and more. Similar to a car navigation system, the system is set up to visualize the destination and helps to guide the preplanned placement of implants, avoiding dangerous areas, reducing risk and increasing the likelihood of successful implant surgery. This system has been widely used in France, Czech Republic, China, Taiwan, Iran, and India.

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• **Design meets ergonomics! The 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. Flowing, harmonious lines and seamless upholstery simplify cleaning and ensure good hygiene. The motion range of

the NEO dental unit is very wide, making it comfortable and ergonomic to use. 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. Come and see new NEO models, NEO Ceiling and NEO Floor!

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- Flexiacetal for the making of aesthetic retainers, frameworks and more.

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The KUT Diamond and Carbide Burs offers a **Made in USA** gold standard performance at an economical cost. They are very efficient in tooth preparation (natural diamond particles); and tungsten carbide, they cut very rapidly and continue to do so for multiple tooth preparations (ISO-exceeding stainless steel shafts maintain concentricity and accuracy). KUT Diamond and carbide Burs are priced as low cost level where a new diamond and carbide can readily be justified for every patient. They are sterile, single-packaged in dispensers of 25 individual burs. Thus, there is no risk of cross-contamination while picking up a new bur. KUT Diamond Burs are available in numerous shapes and sizes for all types of operative procedures. All "kut" consistently well at the same low price.



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• **Wolf Black Label Dental Savings Club**



The introduction of high-speed handpieces, less than 60 years ago, changed the practice of dentistry. They made modern dental practice effective, efficient, and accessible. When used together with local anesthesia, high-speed handpieces made dental treatment more comfortable and acceptable to the mainstream population. The increased level of care has made it possible to maintain the repaired natural dentition for a lifetime. Dental Savings Club, a leading North

American company, has recently introduced the innovative Wolf Black Label high-speed handpiece, a superior quality instrument with an impressive 2 year warranty. Its advanced design offers excellent ergonomic balance and user comfort, diminishing manual fatigue at the end of the working day. Available in both Medium and Mini heads, the Wolf Black Label's 21 Watts of power provide maximum cutting power. The highly secured bur concentricity delivers exceptional working precision, permitting fine clinical control. The Wolf Black Label's LED coupling and 3 port spray assures clear visibility of the working field at all times. Very significantly, for an air-driven handpiece, the operational noise is quite low. This is good news for the practitioner and the chairside staff who are exposed, on a daily basis, to the high level of sound that is associated with most air-driven handpieces. The Wolf Black Label also offers exceptional value for a superior quality high-speed handpiece; most practices require numerous handpiece units to accommodate the downtime that is generated by the need for sterilizing the instruments between patients. Expensive handpieces and frequent handpiece repairs can impact the bottom line rather significantly. This is precisely why the Wolf Black Label's 24 month warranty is so important.



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• **BEYOND® Dental & Health Receives Top Teeth Whitening Award**



BEYOND® Dental & Health, global leader in the design and manufacture of professional aesthetic dental products, is proud to announce its BEYOND® Polus Teeth Whitening Accelerator as once again recipient of the Dental Advisor's

Top Whitening System Award for the 5th year in a row (2011-2015). The Dental Advisor clinically evaluated the BEYOND® Polus through 40 cases and was rated as excellent in ease of use and time to complete the whitening treatment. The Polus uses an innovative LightBridge light technology that combines powerful halogen and LED lights to produce an intense light output, filtrated by an advanced system of coated optical glass and over 150,000 optical fibers, removing all harmful heat and UV, prior to exposure to the tooth surface. When used in combination with BEYOND®'s proprietary teeth whitening gel, a single 30 minute chair side treatment produces brilliant teeth whitening results with an average improvement of 7 shades.

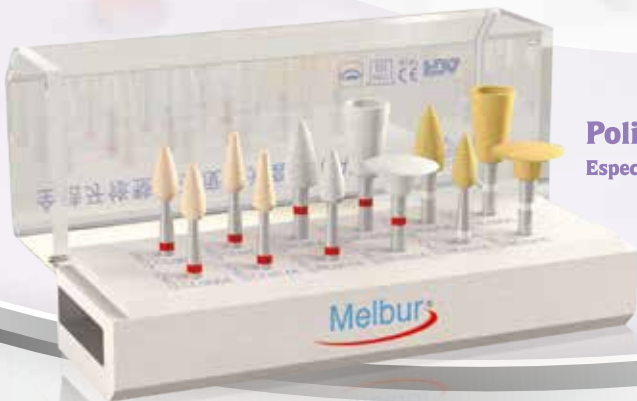


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the only cordless, compact, battery operated piezo ultrasonic (40kHz) activation device. Only EndoUltra™ is capable of producing acoustic streaming and cavitation in small canal spaces, resulting in significantly improved debridement, disruption of biofilm, improved penetration of irrigants into dentinal tubules, and the removal of vapor lock. Resulting in improved outcomes.

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• **Machining centres 308B and 308S - All-in-one performance for the dental industry**



Willemin-Macodel presents at the IDS Cologne his 5-axis machining centres 308B and 308S. These fantastic production tools offer outstanding flexibility thanks their possibility to machine parts either from bar stock (308B) or in one-piece mode (308S and 308B). Requiring an extremely reduce floor space, these two machines allow

machining of complex parts on every hard material (titanium, chrome-cobalt, zircon, ...). These very compact machining centres offer great flexibility especially thanks to their high-speed spindle mounted on a rotating axis and to their 28-position tool-magazine, as well a high level of autonomy when the machines are equipped with automation systems. Some advantages:

- Ease of use
- Work oriented interface
- Longer tools lifetime
- Perfect integration into the numerical process (scanner, CAD/CAM)
- Fast and easy to program customised parts machining

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• **MG InHex with Multi Task Abutment (MTA)**



MG InHex with MTA has been developed by Mozo-Grau after analyzing the needs of the dental implantology field in collaboration with its Committee of Experts and Key opinion Leaders to adapt itself to the new market trends. Like no other similar product in the market, all MTA's components (MTA abutment, security ring and impression coping) are fully maximized achieving all the functionalities of the elements used up till now (implant mount, abutment and impression transfer). Thanks to MG InHex with MTA, clinical professionals will have a solution which allow them to do the impression

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IDS 2015

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As usual our booth is an animated trading platform: we are hosting companies from Italy, Lebanon, UK, USA, Taiwan, Pakistan, China, Russia, You are warmly invited to stop by the Infodent booth to meet our exhibitors and enjoy the friendly atmosphere while tasting a cup of Italian coffee at the bar! We will also be happy to provide you with full information on Infodent International activities and services.

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Companies that will be showcasing their products at Infodent booth:

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Products: Model resins

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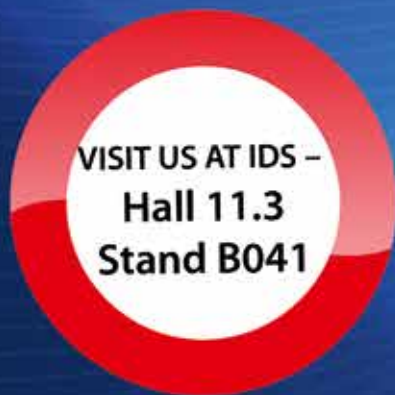




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IDS 2015

## The brave new world of dental technology: all the trends at the International Dental Show 2015

At a high level: progress for dentists - analogue and digital production alternatives - innovative methods and materials for the laboratory - a focal topic at IDS



IDS 2015

**Good teamwork between the practice and the laboratory is an important prerequisite for complex implant and prosthetics treatments.** The dental technician, as a materials specialist, makes his specialist knowledge and experience available to the dentist. Faced with rapidly changing manufacturing methods, it is helpful if dentists are accompanied and competently advised by their materials specialists from the start and throughout their treatment planning. The varied work of dental technicians supports the dental industry with numerous new developments: innovative CAD/CAM software, optimised materials for these, analogue or digital manufacturing options, modern labour management and much more - in short: dental technology is on the rise. The "state of the art" in dental technology is best exhibited by the International Dental Show (IDS), which will take place from 10-14 March 2015 in Cologne.

It is above all digital technology that is changing the dental laboratory today: modern CAD/CAM-supported manufacturing processes dominate daily life in dental technology. In combination with materials optimised for this, digital procedures increase the precision of prosthetic and implant structures - requiring only a short time and low costs. For example, the production of ceramic crown and bridge frameworks using CAD/CAM-supported milling technology has caused the use of traditional casting processes to decline noticeably. This change is accompanied by extremely high-performing ceramic materials such as zirconium oxide or lithium silicates, which guarantee excellent aesthetic results and at the same time highly durable dental products. Digital processes are also suitable for processing metal alloys: many precious and non-precious metal alloys can be processed excellently using milling technology; in addition, techniques such as wet grinding of cobalt-chrome sinter alloys or, as an external service, the selective laser melting procedure, are playing an increasingly important role.

However, progress in the area of traditional analogue production procedures is by no means finished. Casting technology still takes on a central role in many laboratories - this applies for the processing of high gold content alloys as well as for non-precious

metals. In addition, highly-developed electroplating technology is available for the materials-efficient production of gold fillings. Alongside gold, titanium is another particularly biocompatible material that can also be processed using soldering-free joining techniques. And for aesthetic, tooth-coloured veneers in the layering and press-on techniques, there are now complete systems of stains, enamels and dentine materials available. In the future, dental technicians will be able to choose from analogue production methods and a range of suitable materials for the production of high-quality prosthetics - which can be seen in advance at the coming IDS trade fair in Cologne.

Soon, the nearly universally applicable 3D printing of long-term, stable, high-performance composites and composite materials will emerge as the latest dental development in addition to the classic casting technology as well as the modern machining processes. For this, no great investment is necessarily required on the part of the laboratory, because the dental industry also provides the possibility of central order processing.

Dental technicians are increasingly involved in decisions about method selection and the creation of complex implant and prosthetics (supra-) structures. The dental industry supports this development in particular, every two years, with the world's largest trade fair in the sector, IDS Cologne. In addition to more than 2,150 exhibitors in an area of 150,000 m<sup>2</sup>, this must-attend event for dentists and dental technicians also offers an extensive supporting programme including numerous product presentations and lectures.

*"Modern dental technology plays a key role in the creation of prosthetics, including implant prosthetics", according to Dr. Markus Heibach, managing director of the VDDI. "IDS contributes significantly to the success of dental technology every two years. This leading trade fair for the dental industry provides an incomparable showcase and discussion forum for all innovations in dental technology."*

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# Implantology with innovation potential - presented at the International Dental Show (IDS) 2015

Current trends in implant systems and materials - digital technologies for implant planning - strategies for osteoconduction and osseointegration - a core theme at the IDS

The figures provide confirmation: implantology is a growth area in dentistry. In Germany alone, over 800,000 implants are inserted each year. More than 1,300 different dental implants are currently available; around the world, implantological procedures will achieve an estimated sales volume of five billion US dollars this year - with a strong upward trend. This will also be taken into consideration at the International Dental Show (IDS) in Cologne: every two years, in particular the implantology specialists among the dentists and dental technicians use the world's largest trade fair in the dental sector to inform themselves about product innovations and current trends.

It is vital to follow the diverse developments in this extremely innovative specialist field. However, it is not always easy to maintain an overview as the material is complex and sometimes requires interdisciplinary approaches. In this context, the indications for dental implants have become more extensive: even patients with reduced alveolar ridge width or with reduced mesiodistal gaps between individual teeth can now be provided with implants with reduced diameter. The usually two-part mini-implants comprise the same biocompatible materials as standard implants, can optionally be inserted using a flapless approach and - depending on the individual situation - are suitable for temporary right up to immediate implantation.

In addition to new implant materials, for example heavy-duty zirconium and titanium alloys, modifications to implant surfaces are increasingly moving into the focus amongst industry experts. Optimisation of implant surfaces can be achieved both mechanically as well as biochemically. The two strategies complement each other: for example, osteoconduction can be accelerated by appropriate adhesion of growth factors. Special processes have also been developed for modifying the roughness of titanium surfaces in the nanometre range, from classical sand blasting via plasma spray technology, anodic oxidation or acid etching, right up to nanotubes. The desired topographic configuration of the implant surfaces increases the BIC value and the adhesion of osteoblasts, from which advantages are also derived for osseointegration, such as in the case of immediate implantations.

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Also of great importance with respect to bone and soft tissue regeneration are modern bone replacement materials, which are available to implantologists today in many forms. Here, the latest developments are bespoke CAD/CAM produced bone blocks based on 3D X-ray data, which are precisely inserted and can increase the prospects of success e.g. in the case of augmentations or osteotransplantations.

In Cologne, the results of these developments are comprehensively presented by experts from the dental industry - undoubtedly a domain of the IDS.

Independent of the respective implantological indication, economic planning systems and methods for improving workflows are gaining in importance everywhere. Here, an important trend relates to 3D implant navigation systems - current methods give the clinician the option to produce suitable templates themselves using CT or DVT images or to outsource these complex processes to specialist companies within the dental industry, because modern software systems now permit 3D planning without having DVT equipment on-site - an interesting alternative, especially for smaller practices.

The IDS also offers the implantologically-orientated trade visitor the perfect opportunity to comprehensively inform themselves about all innovations in their dynamic specialist area - an advantage that only the International Dental Show can offer, thanks to its unique size and concentrated competence. Whatever their personal focus, all visitors to the IDS from 10 to 14 March 2015 will find the solutions that suit them best: to this end, numerous experts will be on site to provide advice.

"Implantologists have the unique opportunity to experience manufacturers and their products live at the IDS in Cologne. In this way, dentists and dental technicians can benefit directly from the professionalism of the dental industry, seek dialogues with competent experts and take away knowledge that is really practically relevant", says Dr Markus Heibach, Executive Director of VDDI.

## Labial, lingual and digital - Orthodontics as a central topic at IDS 2015

The spectrum of orthodontics - treatment methods - interdisciplinary collaboration - digital workflow in practice and in the laboratory

**More and more frequently you see children, teenagers and even adults wearing orthodontic devices.** Because today, having dental imperfections corrected has become part of our own self-image, even if it means temporarily wearing 'braces'

that can be seen when we laugh or smile. In most cases there are medical indications for such measures, which aim to facilitate proper masticatory function. In addition, orthodontic treatments can prevent prospective problems that may later arise, such as temporomandibular joint dysfunction (TMD). But orthodontic treatments are also motivated by the patient's wish for a more "attractive smile".

Treatments with 'braces' are the most commonly known method. These braces are bonded to the labial surfaces of the teeth. In the course of the treatment various different shapes of ligature wire are then guided into the slots on the braces. These wires apply pressure and tension to the teeth, repositioning them as desired in line with the aims of the treatment. There is however another variation of this treatment method in which the braces are hidden from view: lingual orthodontics. With this treatment the braces are bonded to the lingual surfaces of the teeth. This has the aesthetic advantage that the braces and the ligature wire cannot be seen. Furthermore, decalcification occurs to a lesser extent on the lingual surfaces than on the labial surfaces. The mechanical effect of these dental braces is significant: this positioning of the braces and the insertion of the ligature wire in the slots means the pressure and tension on the teeth has a particularly effective impact.

This treatment method too is given added impetus through digital processes. The positioning of the teeth can be captured using an intra-oral scanner and then depicted using specialised software. And with this, digital representations of the treatment goal can be created and matched with data on malocclusions. Torque and angulation can also be more easily determined using digital technology.

Lingual orthodontic braces are now widely digitally manufactured - and precisely matched to the progression of the individual patients lingual tooth geometry. Ligature wires are also formed precisely using digital technology - following treatment steps. Braces can be applied to the teeth properly and in the correct positions using CAM manufactured trays in which the braces are positioned.

Depending on the scope of the treatment this can also be carried out using transparent and therefore less visible trays. Using the so-called "aligner therapy" various trays, which are calculated and manufactured using computers, are used to apply pressure to the teeth one after another, bringing them into the desired position. Each tray is worn for approximately two weeks and then replaced by the next, slightly modified tray. The trays are replaced continuously until the desired treatment objective is achieved. This technology has become better established predominantly due to the possibilities of digital technology in orthodontic practice: it was made possible by digital radiographic methods and teeth scans. In addition, the results of treatment can be anticipated using the best possible indicators - with software specially designed to meet the needs of orthodontic practice.

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Alongside supporting orthodontic treatments and creating orthodontic equipment, digital technology has additional benefits: firstly, it facilitates communication between those providing treatment, dental technicians and, when required, production centres. Secondly, it reduces the amount of documentation required by the long-term storage of models used to represent treatment processes. Digital treatment data can be saved much more conveniently and is easily accessible when needed.

*“The technical and digital innovations in orthodontics and their relation to the interdisciplinary collaboration between dentists, orthodontists, physiotherapists and dental technicians will further strengthen orthodontics” said Dr Markus Heibach, Executive Director VDDI (Association of German Dental Manufacturers). He continued: “Acceptance of orthodontic devices has increased not least because they have become more delicate and therefore less visible. For trade visitors interested in orthodontics, the International Dental Show, the leading trade fair for dentistry and dental technology, taking place in Cologne from 10 to 14 March 2015, is therefore worth the trip. Here you can extensively exchange ideas with specialists from exhibiting companies as well as with experienced users about current procedures and the latest developments in orthodontics.”*

## Alloys - tried, tested and always up to date, on show at IDS 2015

**Current trends in alloys - high-gold content alloys remain classics - modern alloys can be processed in diverse ways using analogue or digital technology - network production of complex NEM structures**

Many patients prefer to rely on prosthetics that have been tried & tested over decades: classical high-gold content alloys are their first choice. Crowns and bridges made from precious metal alloys and finished in the colour of the tooth therefore comprise an important alternative to the much more recent materials of ceramic or plastic, and will also continue to be made to a high quality in almost all laboratories in the future. The particular advantages of precious metal are excellent biological compatibility as well as high mechanical strength and long-term stability.

The dental industry offers suitable alternatives with cheaper materials for more cost-conscious patients. So-called ECO alloys with reduced gold content can then be used. With their help, the advantages of gold alloys as well as the secure ceramic coating are retained. There is also saving potential with framework



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materials; non-precious metal alloys are still the material of choice here. Precise and price-orientated solutions can be realised, especially in combination with the modern methods of network production.

A further trend is standing out with respect to production processes: in addition to the conventional analogue casting techniques, modern alloys can be increasingly processed using digital CAD/CAM methods. Metal dental structures are predominantly produced by milling. SLM (Selective Laser Melting) is available as an alternative production process in the manufacture of frameworks; it creates a more homogeneous surface and a more tension-free fit overall. Alternatively, in addition to cobalt-chrome alloys, silver palladium and palladium-base alloys can also be considered for CAD/CAM and SLM processes or also for the classical casting technique.

As has been the case for a long time in the precious metal sector, the spectrum of modern NEM alloys now also includes complete systems for stains and coatings that - depending on the system - are suitable for pressing or layering techniques. Aesthetic requirements can thus also be satisfied in the NEM sector.

Overall, significantly more than 1,000 alloys are available on today's market to dentists and dental technicians. However, in light of this plenitude of materials and a stream of new developments in methods, it is not easy to maintain an overview and to make the right choice of material. Dependent on the selected processing method of the respective alloys, the associated laboratory investment costs must also be taken into consideration. The International Dental Show (IDS), which takes place from 10 to 14 March 2015 in Cologne, again offers diverse aids to decision-making - even with respect to economic considerations - for all aspects of alloys and their processing options. This leading dental trade fair uniquely concentrates manufacturers from all around the world in one location and offers trade visitors from both practices and laboratories the chance to experience new dental developments live and to discuss them with experts from the dental industry.

"The large and still-growing field of alloys conveys a good impression of the passion for innovation in the dental industry", says Dr Markus Heibach, Executive Director at VDDI. "The 36th International Dental Show in Cologne offers ideal conditions for dentists and dental technicians that want to keep in touch with the latest developments in dental alloys and modern processing options. The continuously-growing visitor numbers highlight the importance of the IDS as an indispensable link between the dental industry on the one hand and practices and laboratories on the other hand."

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## North American companies back with record breaking numbers at IDS 2015



When it comes to dental innovation and dental export promotion, U.S. companies take a top rank in the global marketplace. This year, the North American dental industry is back in Cologne with all major players and new-to-market companies, underlining the strong confidence the industry regularly places in IDS Cologne.

Attendees will have access to products from over 200 U.S. suppliers who will show everything from Abrasives, Dental Materials, Dental Chairs, Implants, Filling Materials, Orthodontics to Lighting and Laser Devices. This year 125 exhibitors and co-exhibitors will display in the U.S. Pavilion in Hall 4.2 (upstairs 2nd level) to present their products with the addition of Canadian and Mexican companies. A new second U.S. Pavilion will be located in Hall 2.2, highlighting 11 U.S. companies. Plus, U.S. and Canadian manufacturers and service providers can be found in each of the five multi-level IDS halls.

The powerful North American presence at IDS reflects a strong international demand for high quality and reasonably priced products. The U.S. Pavilions are organized by Koelnmesse, Inc. based in Chicago with the support of the Dental Trade Alliance (DTA).

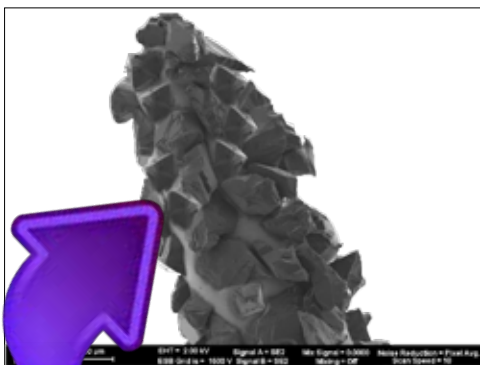
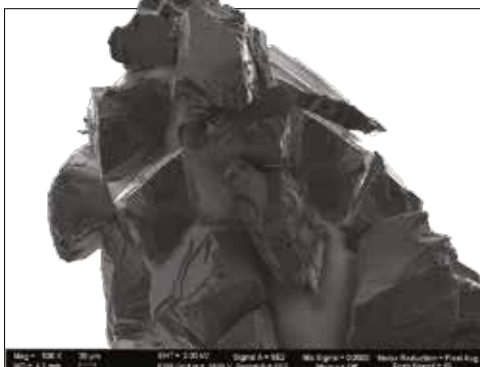
A comprehensive directory listing all U.S. Exhibitors will be available at all IDS info counters as well as around the USA Pavilions in Halls 4.2. and 2.2. Exhibitors can be searched by products or hall location. The directory also serves as a follow-up tool to reach exhibitors after IDS has concluded.

International dealers and dentists with interest in North American products are encouraged to visit the USA Pavilions in Hall 4.2. and 2.2.

**For more information please contact:**  
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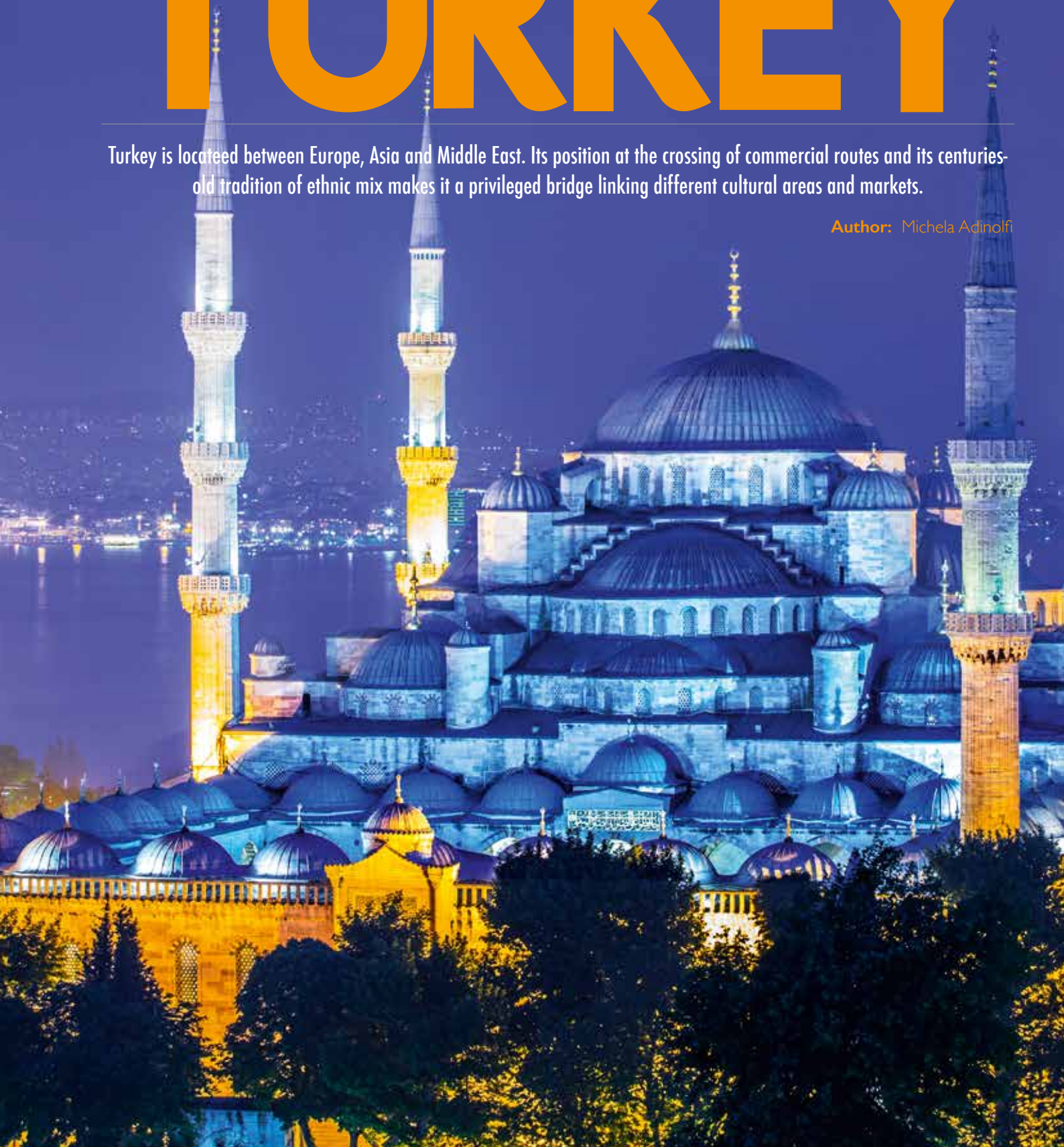


focus on

# TURKEY

Turkey is located between Europe, Asia and Middle East. Its position at the crossing of commercial routes and its centuries-old tradition of ethnic mix makes it a privileged bridge linking different cultural areas and markets.

Author: Michela Adinolfi





Over the last decade, Turkey has experienced a remarkable growth, becoming the 17th largest economy in the world with an estimated GDP of US\$820 billion in 2013. However, during the last year a series of political and economic factors influenced the country's economy and caused a contraction in domestic demand and private consumption and investment.

As the high inflation (over 9%) and private debt slow the domestic demand, in a short-term outlook the main driver of growth will be public spending and exports, but since around 75% of exported goods are agricultural products and low- to middle-tech manufacturing, Turkey also needs to scale up its production towards the high-tech end of the chain. Turkish exports are also vulnerable to the regional tensions in Iraq, Turkey's second main export market, and Russia. The persisting difficulties in Europe which is the main trade partner impact on exports as well, however, they were essential in partially offsetting the slowdown in the domestic market.

GDP growth is forecasted to remain slightly above 3% in 2014 and around 3.4% in 2015, as recently estimated by the World Bank and the IMF, which is a relatively high rate compared to other developed economies, but fairly weaker than the average rate achieved in the previous years of economic expansion.

An important signal comes from foreign direct investment, that have played so far a key role in compensating the current account deficit, amounting to US\$31.6 billion by October 2014, a 40% drop from the same period in 2013. This trend reflects the uncertainties arising from the political context and the volatility in global markets, towards which Turkey is particularly vulnerable due to the high dependency on foreign capitals, and it accounts for the need of structural interventions to ease private investment.

The reform package known as the "25 Transformation Program" that was announced by Prime Minister Mr Davutoglu last November, goes in this direction. The program is aimed to "maintain political stability and predictability in Turkey before the 2015 elections" and achieve key economic goals by 2018.

### Healthcare system

During the last 15 years, Turkey has achieved remarkable improvements in key health indicators such as life expectancy, which increased by 10 years between 1990 – 2010, and infant mortality rate, reduced from 31.5 to 7.7 in 9 years.

After the Health Transformation Program was implemented, reforming the country's healthcare system, access to health services has also improved dramatically. With the aim to reach universal health coverage, Turkey introduced a Universal Health Insurance scheme that merged three different social security funds into a single Social Security Institution (SGK). Besides funding the social security system, the state also pays health premiums for the low-income part of the population that cannot afford them.

The social security system now covers approximately 99% of the total population (about 75 million people), and the increased number of people benefiting from health insurance resulted in higher use of health services and level of health spending. According to OECD comparisons, the HTP reform brought the share of public healthcare spending at 78% of the total health expenditure, surpassing the OECD average of 72%.

Healthcare financing is provided by the central government through budgetary allocations made to public hospitals and contributions to the Universal Health Insurance Fund. The Ministry of Health controls public hospitals, guarantees the availability and sets the prices for medical and pharmaceutical products.

The public health insurance system receives premiums from patients and reimburses public hospitals for treatment. It also makes a limited contribution to private health services, but private providers may charge an additional fee up to 90% which must be covered by private insurance or out of pocket payments.

### After the Health Transformation Program

Since the introduction of the universal insurance program, visits to primary, secondary and tertiary care facilities increased with an average compound annual growth rate (CAGR) of 24% between 2002-2012, and the number of visits per patient rose as well, accounting for the easier access to health services. The number of hospitals and beds also grew by 4.7% and 4% respectively, and specialised care was also strengthened, counting now on 17 different types of specialised hospitals with a total bed capacity of 23,129.

An essential part of the reform was the restructuring of primary care delivery, shifting to a family medicine system. The Health Transformation Program gradually replaced the former Health Centers with Family Medicine Units and Family Health Centers, that

### FOCUS ON

## turkey

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The Sultan Ahmed Mosque in Istanbul know as The Blue Mosque

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increased from 6,546 and 2,086 in 2009 to 20,811 and 6,660 in 2012, respectively. Health centres served 69.1 million patients in 2002, but ten years later, family medicine centres received 221.7 million visits, a three-fold increase.

There was also a marked growth in private hospital visits in the 2002-2012 decade (CAGR of 63.5%, from 5.7 million to 66.6 million visits), highlighting the growing utilization of private healthcare services. A similar increase was recorded in the number of privately hospitalised patients that increased by 45.9%, from 556,494 to 3.5 million, much more than the growth in hospitalisation figures for the public hospitals (16.5%). The number of surgeries performed also increased by 44.3% (against 10.6% for public hospitals), from 218,837 surgeries performed privately in 2002 to 1.4 million in 2012.

The change in the number of specialized health centers aptly reflects the change in disease profile and the demand for higher quality health infrastructure, requiring focused investments. For instance, the number of intensive care and qualified beds increased at a CAGR of 34.7% while the number of intensive care beds increased by a CAGR of 60.5%.

### Trends impacting on healthcare demand

DEMOGRAPHY: Turkey has a very young population compared to the developed countries' standards. However, falling mortality and morbidity rates will make it gradually older, and the share of population aged over 65 is projected to grow to 10% by 2023.

Moreover, the disease profile is changing due to the advances in combating communicable diseases and to the higher incidences of chronic diseases such as cardiovascular diseases and cancer. The growing population, ageing demographics and changing healthcare needs create a demand for expanding and upgrading health infrastructure and increase spending.

ECONOMY: The growing available income is expected to create more and more demand for health services and products. As economic welfare increased and per capita GDP expanded from US\$3,439 in 2002 to US\$10,550 in 2012, healthcare spending per capita rose from US\$186 to US\$707 in the same period. In line with this trends, per capita GDP is expected to reach over US\$13,300 and per capita healthcare spending over US\$900.

As the government plans to increase the number of hospital beds to 32 per 10,000 from current 25.6, and to establish "free medical zones" with hospitals, rehabilitation centres, thermal tourism centres and research and development facilities, healthcare is one of the core focuses of the future public investments. Therefore, the Economist Intelligence Unit forecasted an average annual increase of the healthcare sector as a whole of 5.6% between 2013 and 2017.

### Healthcare facilities and workforce

According to the OECD, the number of doctors per capita in Turkey has risen from 1 doctor per 1,000 population in 2,000 to 1.8 in 2012, but this is still the lowest rate among OECD countries. Therefore, the government has set plans to increase both



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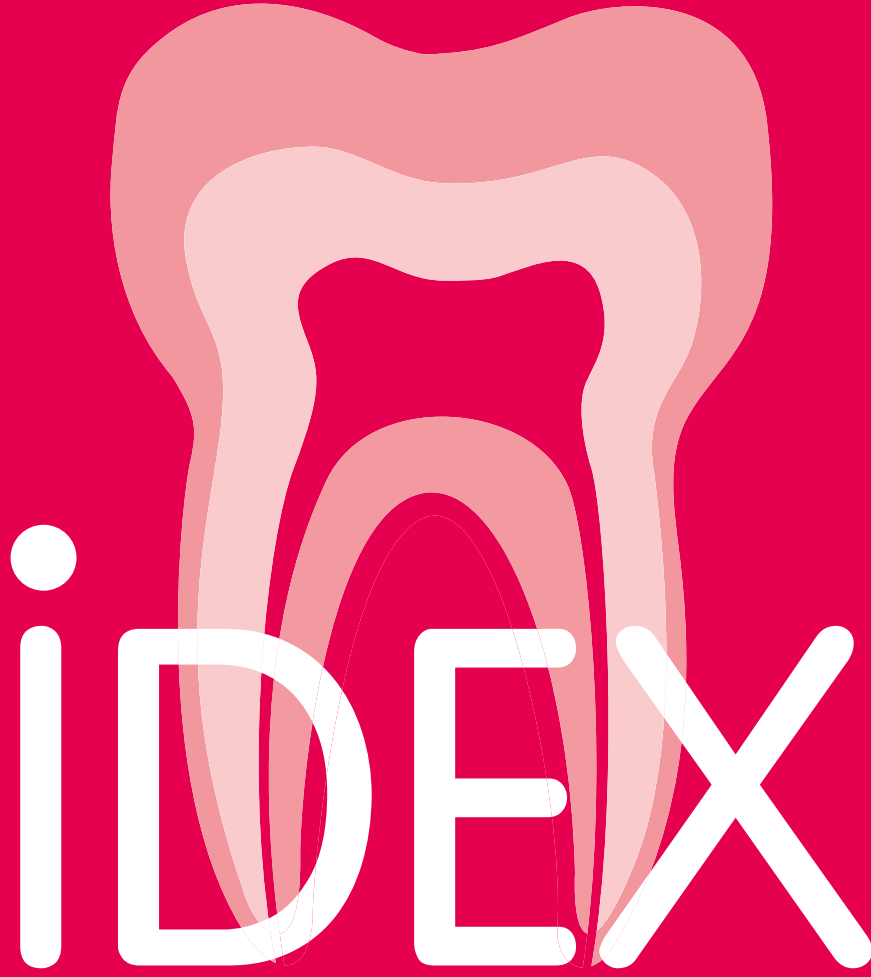
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the number of physicians and that of hospital beds in order to reach the OECD average of 3.2. Investments in the healthcare sector are also planned to increase the number of hospital beds per 10,000 population to 32 in 2023 from the current number of 26.5.

Between 2002 and 2012, the overall health workforce increased by 36%, growing from 294,587 to 460,966 (World Bank estimate). Despite these increases, Turkey remains below average in the ratio of its health workforce to its population in comparison to other OECD countries. To train and recruit more health workers, the government has increased the quota for medical school entrance from 4,450 students in 2003 to 11,037 students in 2013. However, the results of this action will be more evident only over the medium to long term.

The number of hospitals, hospital beds, primary care units, and other health infrastructure has also increased under the Health Transformation Program, but it still needs to improve further to reach OECD average. In addition to that, as of 2012 there was an estimated 60% of hospitals in Turkey in need of renovation or complete reconstruction, in order to comply with the 2007 Earthquake Regulation. Specifically, 36% has to be totally rebuilt and 24% need urgent renovation. The government estimates that around one thousand hospitals will be renovated and over 1,800 will be rebuilt.

### Private healthcare sector's growth

Despite the majority of Turkish hospitals belong to the public system, in the period 2002-2012 private hospitals registered the fastest growth with a CAGR of 14.8%, against the 1.5% increase in public hospitals. In the same period, the number of private hospital beds grew at a CAGR of 23.6%, compared to 6.2% for public hospital beds. As of 2012, 37% of all hospitals in Turkey are private while 56% are run by the MoH. Among these, there are 6 dental hospitals with 96 bed capacity.

The greater expansion of the private sector is partly due to the inclusion of private healthcare institutions in the national social security system. Moreover, the government has set a public-private partnership program to increase the private sector's involvement in the future upgrades of the healthcare infrastructure.

Private hospitals in Turkey are concentrated in the western region, proportionally to population density. Istanbul, the largest city, has the highest share (30%) with 152 private hospitals. The second largest city, Ankara, has 29 (6%), followed by 26 in Antalya (5%) and 20 in Izmir (4%). However, in the other areas of the country there is at least 1 private hospital in every province, and more than 10 in 17 provinces.

### Medical tourism and free zones

Turkey ranks among the top 10 healthcare destinations globally, with 162,445 medical tourists registered in the first six months of 2014. The government is planning to support the medical tourism industry through targeted interventions and legislation to introduce tax-free healthcare zones specifically tailored for foreign

patients. According to industry forecasts, revenue from medical tourism will reach US\$700 million by the end of 2015, but the ambitious goal of the government is to increase this revenue to US\$20 billion from 2 million foreign patients by 2023. As a result, per capita health spending is projected to increase three-fold reaching US\$2,000.

Investors that participate to the medical free zones will be granted special incentives and tax reductions. 60% of the labor force will be provided by foreign or English-speaking doctors and medical personnel, since 85% of the patients are expected to be foreigners.

### The market for medical devices

Turkey's medical device market, valued at over US\$2.4 billion, is already the largest in the Middle East area. However, it is expected to reach the world's top 20 in value terms, and to expand at a CAGR of 8.5% over the 2013-2018 period.

The government plans for the expansion of healthcare facilities and its efforts to modernize the healthcare infrastructure will impact on the demand for medical equipment. For instance, demand for medical imaging devices has increased markedly: the number MRI machines grew from 58 in 2002 to 781 in 2011, CT scanners from 323 to 1,088 and ultrasound machines from 1,005 to 3,775. As of 2012, there were 18,666 medical imaging devices in healthcare facilities in Turkey. Again, despite the remarkable increase, these numbers remain below the levels of comparison countries and the need for high technology medical devices will continue to grow as it did in the last decade.

Although medical device export has risen at a CAGR of 12% between 2007 – 2012, surpassing US\$225 million in 2012, around 85% of the demand for medical equipment and higher-end products is met by imports, which exceeded US\$1.3 billion in 2012. However, the government is taking measures to promote domestic production and exports, such as the new public-private partnership (PPP) legislation, adopted in 2013, which requires at least 20% of the medical equipment used in healthcare facilities to be built by PPPs that produce this equipment locally.

### Dental equipment and products

Dental products account for 7.6% of the medical device market, or US\$185.7 million, estimated to rise to 298.1 million by 2018. The leading suppliers are the USA, Germany and Japan.

The dental products sector is expected to achieve 10% annual growth, with different rates for capital equipment and instruments and supplies; for instance, dental chairs are forecasted to grow by 7.8% while artificial teeth by 11.2%.

Exports of dental devices account for roughly 10% of total medical devices exports.

Local production of dental equipment is expected to increase due to the government support aimed at increasing medical device exports.





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### Investment incentives for the medical and dental industry

Under the Large Scale Investment Incentive Plan, medical, high precision and optical equipment investments exceeding 50 Million of Turkish Liras are supported for the production of intermediate and final products with high import dependence with a view to reduce current account deficit. In order to be covered by the incentive program, the targeted production should create a minimum 40% value added and to reach a minimum import amount of US\$50 million for goods to be produced in the previous one year period (but the provision is not applicable to goods that aren't produced in Turkey). Healthcare investments meeting these conditions will be issued a strategic investment certificate. However, even investments that are neither "strategic" nor "large scale" may obtain regional investment incentives.

### Regulation of medical devices

As a member of the EU Customs Union, Turkey has adopted the Medical Devices Directive, the Active Implantable Medical Devices Directive and the In Vitro Diagnostics Directives of the EU. The Turkish Standards Institute assesses and inspects CE conformity both for locally produced products and imported product. The Drug and Device Institute is responsible for certifying that a device manufacturer has taken steps to ensure compliance with the regulations and maintains a national database where all medical devices must be registered.

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A large, multi-story stone castle with a dark roof and several windows, situated on a grassy cliff overlooking a body of water. The scene is captured at dusk or dawn, with a blue sky and a calm sea reflecting the light. A large orange semi-circle is visible in the top left corner.

focus on **UNITED  
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The country has played a determinant role in modern history:  
the UK was the first industrialized country and the center of the scientific revolution.

Author: Michela Adinolfi



## Overview

The United Kingdom includes the island of Great Britain, consisting of England, Wales and Scotland, and the north-eastern part of Ireland, together with many smaller islands. Moreover the country has 14 British Overseas Territories, the remnants of an empire that lasted until the early 20th century and was the largest ever in history, extending over a quarter of the world's land mass. The government is a constitutional monarchy and a parliamentary democracy. Besides the Parliament of the United Kingdom, Scotland, Wales and Northern Ireland have a parliament or assembly with devolved administrative powers. Although the largest share of population is made up by English, Scottish, Welsh and Irish, the UK has numerous immigrant communities, mostly from the ex colonial territories in the Indian subcontinent and Africa.

The country has played a determinant role in modern history: the UK was the first industrialized country and the center of the scientific revolution, and in 1922 the British Empire had come to encompass about 458 million people, one-fifth of the world's population. Its legacy is evident in the political, legal systems and cultures of the territories once belonging to it.

## Economy updates

During the last century, UK has maintained its status as economic power with considerable international influence. Its capital, London, is one of the world's most important financial centers. Financial services play a very important role in the services sector which, as a whole, contributes over three-quarter of GDP. Aerospace, automotive and pharmaceutical industries are big in size and in share of R&D and exports. North Sea oil and gas reserves also contribute to the economy, despite the fact that in the last decade UK has become a net importer of both.

According to the latest release by the Office for National Statistics, the UK was the world's 8th largest economy in 2012 in nominal GDP terms. After a decade of rapid growth, emerging economies of Brazil, Russia, India and China have outpaced the UK in GDP size, but not in per capita GDP (where UK stands at \$36,333).

When considering real GDP, without the distortion of price variations, over the last 12 years, UK has seen a marked downturn during the 2007 – 2009 financial crisis, with real GDP falling by 7.2% in about 18 months until mid 2009. The recovery was slow (about 1.2% annual growth) and real GDP still remains below the pre-crisis peak.

However, the pace has significantly changed during last year. Recently, the IMF has stated that UK economy will grow 2.9% in 2014, the fastest pace among the G7 and one of the best performing western economies. In the first quarter of the year the Office for National Statistics has confirmed a 0.8% growth which corresponds to a 3.1% on a yearly basis.

## The National Health System

The healthcare sector is largely dominated by the state-funded and state-run National Health Service (NHS), which operates independently in the four countries of the UK under different administrations, rules, and political authority and accountability. They are individually known as:

- National Health Service (England)
- Health and Social Care in Northern Ireland (HSCNI)
- NHS Scotland
- NHS Wales

As a whole, the NHS accounts for over 80% of all healthcare expenditure in the country and it is one of the largest employers in the world with around 1.7 million workers. The main funding source is general taxation and most of the health services provided by the NHS are free for legal UK residents. Despite the separate management, a UK citizen can seek medical treatment under all of the four systems.

Foreigners are treated under the UK Department of Health with different arrangements but they are entitled to free emergency care, and totally free treatment under particular circumstances (12-month legal residence, taking up permanent residence, claiming asylum and some others). Citizens from EU or other countries with such agreement in place can also receive free treatment through the European Health Insurance Card.

Apart from general taxation, other much smaller sources of funding are National Insurance contributions, overseas visitors insurances, prescriptions and dental treatment fees and logistic hospital services such as parking and telephone. A tiny percentage of revenue for NHS Trusts comes from treating patients privately.

Planned expenditure for 2013/14 is:

- £95,6 bn (US\$162.7bn) for National Health Service (England)
- £4 bn (US\$6.8bn) for Health and Social Care in Northern Ireland
- £11,9 bn (US\$20.2bn) for NHS Scotland
- £5.9 bn (US\$10bn) for NHS Wales

While the Parliament sets the overall budget available to the NHS in England, it allocates a general budget for local needs to the devolved national governments, who can determine by themselves the share to spend on healthcare.

Between 1997 and 2009 the healthcare spending level increased on average by 8% every year; but after 2009 this rate has slowed down to 1.6%, and another significant indicator is that volume of healthcare services consumption by UK households fell by 2.4% between 2007 and 2012. Total expenditure on healthcare in 2013 was £132,6 bn (US\$225.6bn). On general terms, the share of GDP spent on healthcare is among the lowest in the G7 group of countries.

FOCUS ON

UK

Cover Photo

The iconic battlements of Eilean Donan Castle reflecting in Loch Duich deep in the Scottish Highlands illuminated against blue dusk skies.

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Oral healthcare in the UK

According to the latest EU Manual of Dental Practice, about 40% of primary dental care in the UK is funded by the state system, integrated by patients' co-payments and private treatments. As a result of an increased expenditure on private oral healthcare and the high co-payments required in the public system, 60% of the total oral health spending is currently provided for by private sources. There are about 39,000 dentists in the UK, with a density of one dentist per 1,936 people, but the actual number of dentists in active practice is around 33,000. The majority of dental care is provided by independent private practitioners from whom the NHS commissions services under the "General Dental Service".

Dentists working in general dental practices are not salaried by the NHS, and they are responsible for their employees and for practice management. Many of them offer both NHS-funded and private services.

Many of these specialists work in general practices where they can also perform general dentistry, but as specialists they usually receive patients by referral from general dental practitioners or from other specialists. Most practices have two or more dentists working together, with dental hygienists and/or dental therapists

There are different arrangements for the provision of dental services according to the country:

1. England and Wales

Patients do not need to register with a specific dentist or practice; they pay an annually reviewed fixed charge, divided into monthly payments, based on a Contract Value that is related to a target of activity. The dental charges system contributed £653m (US\$1.1bn) to the NHS budget last year. Additional services may be paid for directly.

2. Scotland and Northern Ireland

Patients are registered with a dentist and are charged a co-payment of a fee set by the NHS. Complex treatments with costs over a certain threshold must receive prior approval from a central authority.

In the UK primary dental care is available free of charge for children under 18 years-old, pregnant or nursing mothers, welfare benefiting people and full-time students under 19, while some treatments such as domiciliary care for housebound patients and repairs to dentures are free for all. The primary care dental team includes dentists, dental therapists, dental hygienists, dental technicians, clinical dental technicians and dental nurses.

The Salaried Primary Dental Care Service (SPDCS) provides public oral healthcare to disadvantaged groups with limited access to other dental services.

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General hospitals and dental teaching hospitals also provide dental treatments, in particular specialist care upon referral. Oral surgery is the most common dental specialty in outpatient secondary care, accounting for 39% of dental specialty attendances.

The share of oral surgery treatment performed in general dental practices is increasing, while orthodontics, already largely provided in this setting, accounts for 28% of dental specialty attendances. For inpatient secondary care, the main attendance is for treatment of dental caries.

Despite the majority of dentists in the UK have some form of contract with the NHS, which is negotiable and individual, there is a growing number of them who only accept privately paid fees. The public provision of dental services is also challenged by demographic pressures, rising public expectations and budget constraints.

There is a geographic distribution of practices that mirrors the concentration of population and also affluence, since higher income households opt for private dental services to reduce waiting times or receive treatment unavailable through the NHS. The most populated areas such as London and its suburbs, and in general the South East region, have a higher density of dental practices and above average earnings.


## The new NHS dental contract: findings from pilot projects

As the process of redefining the contract between dentists and NHS is underway, the objective is to shift the focus of NHS dentistry towards prevention and oral health rather than focusing primarily on treatment and repair. Pilot schemes are exploring two mechanisms:


- Introducing a new clinical pathway based on managing risk, preventive care and encouraging healthy behaviours
- Supporting the pathway by exploring new remuneration models based on the number of patients they care for, and the quality of that care, rather than simply the number of treatments of different types provided.

Some results have been highlighted by the Dental Contract Pilots Evidence and Learning Group, a group of stakeholders and experts set up to oversee the analysis and presentation of the data generated for the dental contract pilots run by the Department of Health.

Seventy NHS dental practices in England began as dental contract pilots between July and September 2011, and further 24 NHS dental practices in England joined the pilot programme in April 2013. They are testing a new prevention based clinical pathway beginning with an oral health assessment (OHA), a comprehensive assessment of the patient's current oral health and medical and lifestyle factors. On this basis, patients will be advised of their oral health risk status based on a red/amber/





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green (RAG) rating and given preventative advice supported by a self-care plan. Besides any necessary treatment, follow-up appointments for preventive advice and treatment called interim care appointments (ICs) may be planned, together with the next oral health review (OHR) based on their risk status.

In order to support the new care pathway and OHA, three IT systems were developed to collect data from the OHA, including some very well established dental software packages. The data entered into the system at the chairside generate a simple risk indicator named RAG rating (red, amber or green) for each of four important oral conditions. The use of RAG rating linked to evidence from clinical trials and reviews should theoretically provide the clinician with clear evidence-based support, such as advice about the recall interval and evidence-based prevention matched to risks. However, it is not intended to replace the professional's clinical decisions.

In this framework, remuneration models no longer based on the Units of Dental Activity, the current basis for remuneration in NHS, but rather on capitation, namely the number and type of people for whom care is provided. By not explicitly rewarding "operative" treatment, capitation contracts indirectly reward the dentist for preventing it and being able to see more patients, so they should incentivise prevention; of course this has no impact on the duty to properly and timely treat diseases in need of treatment.

### Oral healthcare status of the population

Despite the developed economy and high level of health services, there are wide regional and social differences across the UK when it comes to oral health. There has been a general increase in the number of patients treated by NHS contracted dentists, and their feedback on the experienced care has also improved according to sector surveys.

According to official statistics, between 1998 and 2009 the percentage of non-edentulous adults in England who have reported experiencing one or more problems on the Oral Health Impact Profile scale (OHIP-14, a method to evaluate the social impact of oral disorders) fell by from 51% to 39%.

In 2009 17% of adults with teeth had no evidence of periodontal disease, in particular, good periodontal health was much more prevalent amongst adults under 45 years than in older age groups.

The Health and Social Care Information Centre reported that about 56% of adults (about 30 million patients) and 69% of children (7.8 million) visited a dentist in the two years to June 2013.

The UK dental market in figures

- The NHS in England spends around £3.4bn per year on dental services; the value of the private market is estimated at £2.3bn per year.
- There are over a million patient contacts with NHS dental services each week.

- About 85% of NHS dental spend occurs in Primary Care
- General Dental Practices treat the majority of patients: in 2012/13 they carried out 39.3 million NHS dental treatments.
- The number of patients accessing primary care NHS dentistry has increased steadily since 2008, to 29.9 million patients in December 2013.
- In England, 94.8% of adults who tried to get an NHS dental appointment in the last two years were successful. A higher proportion of the population see an NHS dentist in the North, with the lowest levels found in London.
- In 2012/13, 2.7 million outpatient appointments (3.5%) came under a dental specialty. Of these, 1.4 million appointments (1.9%) were under 'Oral Surgery' and 'Oral & Maxillo Facial Surgery'. In the same period, there were 320,000 inpatient consultations (1.8%) under a dental specialty.
- In 2011-12, there were 209,874 inpatient admissions for which the primary operative procedure was dental. About half were for caries, but their distribution varied with income level: amongst the wealthier 10% of the population caries accounted for 31.9%, amongst the most deprived 10% for 61.2%.

Private dental care - Most dental practitioners provide some form of private care, either contracting privately with their patients or adding privately paid treatments under a course of NHS care. The dentist usually charges the patient a fee that must be explicit and can be individually set. Private dental insurance is very limited, and mostly arranged as personal schemes with premiums paid directly to the insuring company. The sector is not regulated and each company can set its own fees, establishing the standard scales and coverage conditions for its members.

According to a recent report by analysts Laing & Buisson, about one in four patients pays entirely out-of-pocket for their dental treatments. Among the main findings of the report there were the following interesting figures:

- private patients account for 51% of dentists' income, up from 38% in 1998: while the proportion of private patients hasn't grown substantially, their contribution to dentists' income has risen;
- more than a quarter of UK dental patients pay privately for dental care including specialist and cosmetic treatments;
- 75% of them pays out-of-pocket directly at the moment of receiving care, the rest use systems of regular contribution plans;
- wide variations occur in the cost of dental treatments with private charges, that range from almost two to six times the NHS rate;
- the private dental market is valued at £1.9billion (US\$3.2bn) a year, although the figure is not officially recognized;
- corporate dentistry (groups of three or more practices) is now represented by 6,950 dentists in the UK and is valued at £1.3bn (US\$2.2bn) for 2013/2014.
- the dental insurance market in the UK was estimated to be worth £719m (US\$1.2m) in 2012; it is seeing an increase due to stronger demand, particularly by employers: dental insurance made up 13% of the total dental plan spend in 2012, up from 9% in 2007;



- real spending on dental plans dropped by only 2% in real terms between 2008 and 2012 and was less affected by the economic downturn than out-of-pocket payments.

Some of these figures have been questioned in some points by Dr John Renshaw, Chair of the Executive Board of the British Dental Association, who stated that according to BDA research, 65% of dentists still earn more than 75% of their income from the NHS. Dr Renshaw explained that since most family dentists provide both NHS and private care, patients opt for private treatments more frequently due to rising expectations and a wider range of treatments offered that are not generally available on the NHS, for example white fillings, bonded crowns, and increasingly, implants and whitening.

Citing a report by dental marketing agency Manan Limited, an article on Dentistry.co.uk showed some of the current forecasts for the private dental market in the next few years. The agency estimated 2.5% growth between 2014 and 2016, and an acceleration in 2017-18 led by a more favourable economic climate and increased disposable income. The report predicted an overall five-year forecast of 14% growth, with some peaks for particular specialties such as the market cosmetic dentistry, expected to grow by 21% over the same period.

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# EAST ASIA

The national healthcare reform was introduced in 2009 to improve the system at all levels, starting from insurance, to public health and management as well as the supply chain.

Author: Michela Adinolfi





## Southeast Asia: Socio-economic Overview and Healthcare Market

The Southeast Asian region has been the focus of international investors for several years now. It is indeed an area of sustained growth in domestic demand and GDP scores, having topped two-digit figures in the last decade and still on the rise although the international crisis has reduced its impetus.

In the period 2014 – 2018, the regional GDP is expected to grow by 7% annually on average, but what is more important is that its composition is diversifying and shifting from manufacturing to the services sector (particularly finance, business and ICT).

Local governments are putting efforts in creating a more competitive environment, strengthening the infrastructure and transportation network and also in developing regional economic integration to further increase the attractiveness for foreign investors.

Along this path, however, there are still significant challenges to overcome. The growth in recent years has outlined the structural weaknesses of many Southeast Asian countries which found themselves projected in an accelerating development lane, without exactly knowing how to manage the related changes.

While Malaysia, Brunei, Singapore and Thailand have reached upper middle income or high income status, the remaining countries in the Indochina peninsula and Malay archipelago (Vietnam, Cambodia, Laos, Myanmar, East Timor, Papua New Guinea, Philippines) remain lower middle income or even low income countries. Some of them, like Vietnam, Indonesia and Philippines are threatened by the so-called “middle-income trap”, occurring when a country moves from a low-income to middle-income status quickly, boosted by commodity trade and heavy foreign investment and then fails to produce enough internal demand and develop more sophisticated industry and service sectors.

However, it is worth mentioning that the whole area has a population of 610,000,000, making it a must for companies looking for new expanding markets to fully consider (or re-consider) their activities in this region. The interesting fact about this datum is that it is a largely young population, with increased literacy rates and middle class growing overall. It is true that poverty rates remain high especially in the Indochina peninsula, but on the other hand, population living on less than \$1.25 a day (at PPP) has declined from 45% to 16% between 2000 and 2010, and here are the fastest-growing economies too.

It is undeniable that a development gap exists between the so-called “ASEAN-6” (Singapore, Brunei, Malaysia, Thailand, Indonesia, Philippines) and “CLMV” (Cambodia, Laos, Myanmar, Vietnam), based on pre-existing economic disparities that deepened while regional integration progressed.

Among the main differences, there is religion (with Malay Archipelago countries dominated by the Islamic religion), grade of economy openness due to historical causes and the level of infrastructure development. It is however interesting to note that the more advanced ASEAN-6 economies have experienced slower growth than CLMVs, which are little by little moving towards closing the development gap (likely within the next two decades).

As far as healthcare is concerned, on general terms the whole region suffers from high mortality and morbidity rates, worsened by the impact of natural catastrophes (the latest having been the Philippines hurricane) that took a heavy death toll and left many in extreme poverty, at the same time raising severe disease outbreaks.

The general trend is to allocate the already low budgets for medical and hospital care rather than developing preventive services and the primary care network. Given the low funding for health and the consequently high rate of out-of-pocket payment, there is still very poor support for lower income groups in accessing healthcare services, whose quality is also much better in private facilities than in the public ones.

As regards the dental market, some data can be highlighted:

- The share of dental equipment and products is small in the public sector (below 1% of health funding in most Southeast Asian countries), but larger in private sector.
- The most promising markets in the short term is Malaysia. In medium term, the growing middle class in Indonesia and Vietnam (combined population: 320 million) is expected to significantly increase consumer base for dental services, especially as these two countries progress towards universal insurance coverage targets.
- Myanmar, Cambodia and Laos are still at an underdeveloped stage; in the long-term they will add up to the middle income country list, but current opportunities to enter the market at an early stage are still concentrated in corporate investment in hospitals including dental clinics and participation to development initiatives (e. g. World Bank, Asian Development Bank, private investment and PPPs).

### FOCUS ON

## East Asia

### Cover Photo

Junk boat, Halong Bay, Vietnam

Luciano Mortula / iStock

• However, healthcare provision (including oral health) is becoming a priority even for poorer countries. Malaysia is especially focusing on assisting CLMVs in implementing oral health assessment and awareness campaigns. It is well positioned as starting base for future expansion into CLMV as these markets grow.

### Southeast Asia: Spotlight on Vietnam

Economy - Vietnam, the world's thirteenth most populous country and sixth largest economy in Southeast Asia is rapidly developing. In 2012, the country's economy grew at an estimated 5.2 percent with private consumption accounting for approximately 68 percent of the gross domestic product.

According to Vietnam Briefing, one of the country's biggest successes in 2013 was the control of inflation and even though the GDP growth rate was lower than neighbouring countries, it resulted positive nevertheless, due to inflation reduction.

The government's macro-economic and monetary policy proved successful in stabilizing the exchange rate between the Vietnamese Dong and foreign currencies while increasing foreign currency reserves and it also managed to cut the interest rates, which particularly favoured domestic businesses production.

The banking sector is also continuing a process of restructuring and consolidation through mergers or dissolutions of weak banks and the equitization of four state-owned commercial

banks. Recently Vietnam has increased the share of stake in a domestic financial institution allowed to foreign investors, from 15 to 20%.

As part of the economic goals set by the government, the same restructuring process will apply to credit organizations. Further measures include equitization of state-owned enterprises, shifting from processing and manufacturing to production; integrating deeper into the global value chains.

The service sector, accounting for 43% of the economy, led the 2013 sectorial growth by expanding 6.5%, followed by construction sector (5.43%) and agriculture (2.67%).

Healthcare market - Vietnam's healthcare market is valued around US\$ 9 billion in 2012 with an expected growth rate of 12.6 percent, much higher rate of growth than the overall economy. Healthcare is expected to reach \$ 15.9 billion by 2017. While lifestyles improve, the demand for healthcare services grows.

Growing prosperity and a prioritization of the biotechnology sector by the Vietnamese government drive growth in medical consumption. In the meantime, non-communicable and cardiovascular diseases are on the rise. As private hospitals gain an increasing share of the Vietnamese healthcare landscape, the demand for medical technology grows. Based on the industry's potential, healthcare service providers, medical device manufac-

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turers, pharmaceutical companies and medical technology firms can tap a large market while helping Vietnam improve its health-care system.

**Workforce** - Over the past two decades, basic literacy and numeracy skills have helped Vietnamese workers move from low productivity agriculture into higher productivity non-farm jobs. This has promoted rapid economic growth and poverty reduction.

Today, Vietnamese workers perform better in reading than workers in other countries, including wealthier ones. Looking ahead, continued strong economic growth will require increased labour productivity and a workforce with the skills to match the job market.

Despite impressive literacy and numeracy achievements among Vietnamese workers, many Vietnamese firms report a shortage of workers with the right skills. The skills gap is particularly acute among applicants for jobs in technical, professional and managerial positions, while a shortage in applicants is common among more elementary occupations.

**Foreign Direct Investment (FDI)**– From January to mid-December 2013, FDI inflow in Vietnam reached about USD 21.6 billion, up 54.5% from the same period of 2012. Compared to the expected US\$ 13-14 billion, it is an impressive result. The main destinations of investment were processing and manufacturing

industries, accounting for 77% of total registered capital. Manufacturing and distribution industries of electricity, gas, hot water, steam and air conditioning accounted for 9.4% and the remaining industries for 13%.

An interesting datum is the geographic destination of inflow, which has shifted from the long-standing Ho Chi Minh City, Hanoi and Binh Duong, to target new areas such as Thai Nguyen which attracted the highest FDI of the country, about USD 3.4 billion or 23.7% of total newly registered FDI.

High-quality and high-tech projects are receiving priority as FDI targets, due to the government strategy applied to shift from quantity to quality of attracted investments. According to this scheme, environmentally friendly, high-tech and high quality projects are prioritised. The implementation of this policy is made difficult by the risk of losing advantage in terms of labour resources and policies in favour of its neighbours, combined with the slow progress of infrastructure renewal and expansion and of administrative simplifications.

The Resolution 103 released by the Vietnamese government has targeted these issues by focusing on the improvement of the legal framework and incentive policies, introducing measures to encourage investment in the infrastructure sector, supporting industries and high-tech projects. Moreover, it finalised environmental regulations as well as foreign exchange, credit, land and housing rules.

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The next step is to promote small and medium scale projects tailored on local economies and industrial conditions and smoothing the interaction between domestic and foreign enterprises.

In the meantime, negotiations between Vietnam and the EU are underway to establish a FTA by end 2014. The signature of such an agreement will require Vietnam to create a more transparent investment environment for EU businesses. Several issues on trade regulation and investment framework were already discussed and negotiations continue on critical points.

The labour market – According to Business Times, the Vietnamese labour market will see a 6-8% salary increase in 2014. The demand for skilled labour is rising fast and poses challenges to the ability of the Vietnamese educational system to form such human capital. The industries that are creating most of new job places continue to be automotive, healthcare, IT and insurance. Opportunities and challenges in the healthcare market – The rapidly emerging Vietnamese middle class is increasing its demand for medical care and the current provision is insufficient. Most public hospitals are large state-owned facilities offering basic services. They are concentrated in the urban areas of Ho Chi Minh City and Ha-Noi, and typically overcrowded by serving patients from both the local urban neighbourhoods and rural areas.

This creates opportunities for foreign investors, as private hospitals and clinics are expanding across the country and foreign ownership is allowed. Moreover, there is almost no domestic competition in the supply of high-end medical equipment and devices, neither are there import restrictions. Import duties range from 0 – 5%. It is also worth mentioning that incentives to invest include corporate income tax rate 10%, tax exemption over first 4 years of a project and 50% tax break afterwards.

In 2012, Vietnamese spent on average USD 100 or 6.5% of their annual income on healthcare. A new health insurance regulation introduced in 2010 resulted in over 90% of insured patients paying out-of-pocket between 5 and 20% for hospital fees depending on procedures and hospitals. Around 30,000 wealthier Vietnamese per year seek quality treatments in neighbouring countries such as Singapore, Thailand, and Hong Kong, spending an estimated USD 1 billion: it is a potential opportunity for private investors who can provide services to this group in their own country. According to Business Times, the Vietnamese healthcare market is estimated to be worth USD 12 billion in 2013 and to reach USD 15.9 billion by 2017, with expected 75% growth. 50% of the 2013 expenses were direct out-of-pocket payments.

Private hospitals account for 8% of the total 1,184 hospitals throughout the country. Ho Chi Minh City alone concentrates 35 private hospitals. The room for new private players is wide; among the foreign investors that are already targeting the market to meet the rising demand there are the Singaporean Chan-

dlar Corporation, the Canadian Triple Eye Infrastructure Corporation and the Filipino United Lab to name only some recent.

However, there are some challenging factors:

- The regulatory regime is unclear, subject to lobbying and corruption, therefore market entry takes time and a certain amount of risk companies need to be aware of.
- There is shortage of qualified Life Sciences human resources.
- While the private market is growing and has great potential, its size is still limited and on the public side government spending on healthcare is also limited, with hospitals suffering chronic budgetary deficits
- Foreign companies cannot distribute their devices themselves, they must necessarily appoint a local distributor or agent.
- Newcomers are disadvantaged compared to early-2000s investors who could attract high numbers of good physicians drifting away from state owned schools, or invite leading experts to work for them, also supported by State incentives. Now, it is harder for new private hospitals to attract qualified and famous doctors.

The medical equipment industry – The Vietnamese medical equipment industry was estimated at USD 640 million in 2012. It is almost entirely supplied by imports, mainly from the US, Germany, and Japan. Local production is limited to low-end products, mainly disposables such as dressings, plastic gloves and syringes. There are, however, joint ventures with foreign manufacturers of more sophisticated devices such as x-ray, intravenous infusion kits and disposable syringes.

Oral healthcare conditions and provision – The latest available data about the oral health conditions of the Vietnamese population are quite outdated (National Oral Health Survey 2001), but they outlined some important trends:

- More than 85% of 6-8 year olds were affected by tooth decay.
- Adults had on average 8 decayed teeth.
- Most dental professionals were (and still are) located in urban areas: this means that most rural patients with tooth decay go untreated.

The dental workforce includes approximately 1,500 dentists, with one of the lowest dentist-to-population ratios among the Southeast Asian nations (1 : 60,000). Moreover, there is a worryingly high number of dental clinics and dental technicians operating illegally.

### Southeast Asia: Further developments in Laos SME policy

According to recent news on Vientiane Times, the Lao government is boosting the special fund designed to support small and medium enterprises (SMEs) in view of ASEAN Economic Community (AEC) integration in 2015.

Since SMEs represent approximately 90% of business in Laos, they are crucial to the economic development of the country. More than 240 billion kip (USD 30 million) are expected to be allocated to the fund, also with the support of the World Bank and other financial sources.

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The Lao Finance Ministry has provided 16 billion kip to the Lao Development Bank since the fund was established in 2010. In November 2013, the Asian Development Bank (ADB) provided 120 billion Lao kip (USD 15 million) worth of low interest loans for the fund.

The program includes:

- Subsidized consultancy services for SMEs through a government Business Assistance Facility Fund supported by the World Bank.
- A credit fund to guarantee loans for businesses with good profit forecasts but insufficient assets to use as a guarantee.
- Seven SMEs centres run by both state bodies and business sectors to provide consultation and training to business owners.

### Southeast Asia: Myanmar, the right frontier market to explore?

The political situation in Myanmar has long prevented foreign companies to target the market in a country that is also plagued by high incidence of poverty. However, the situation has changed with the significant developments occurred and the drop of sanctions.

An example of the different attitude is the opening of a Mercedes-Benz showroom, the first luxury automotive brand in Myanmar. It is not expected, of course, that the market transforms itself into a massive consumer of goods, especially luxury

goods, in the short term. But with almost 60 million population and rising wages, the time has come for more risk-proven enterprises to try to be an early-stage investor in the country.

It is, of course, a very hard task. Transparency and bureaucracy are still a big issue, but maybe the negative perceptions associated with past conditions prevent from directly experiencing if it's worth making some effort to be there. Currently, main investors come from South Korea, China and Japan, while things move slowly from Western countries. It is not wise, of course, to underestimate the bad conditions of infrastructure and energy supply across most of the country and even if wages are still lower than in China, productivity is lower as well. But considering literacy rates and incentive schemes introduced for productive workers, workforce skills are set to improve in a relatively short time.

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# CHILE & COLOMBIA

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Chile is the world's 38th largest country. It is about twice the size of Japan. The population of Chile is expected to be about 20.2 million by 2050. Colombia is the 4th largest country in South America after Brazil, Argentina and Peru, and the 2nd largest economy after Brazil.

Author: Michela Adinolfi



## Chile

### Interesting facts about Chile...

- Chile has the world's largest reserves of copper (around one-quarter of the global supply) and is the world's first copper exporter.
- Chile has the 2nd largest reserve of lithium and has substantial reserves of iron, silver, salt, zinc, manganese, molybdenum, gold, coal, and iodine.
- Chile began to export salmon in 1984 and is now the world's 2nd largest exporter after Norway, and the world's largest exporter of fishmeal.
- One of the fastest growing cities in Chile is La Serena (30 % in the last 30 years).
- Chile has one of the world's largest and driest deserts known as "Atacama".
- Chile has one of the longest coastlines in the world, but also one of the smallest at being 6,500 km long and 200 km wide.

### Economy

During the last 25 years, Chile made a remarkable transformation from one of the most unequal countries in the world, with four every ten people living below the poverty line and the heavy inheritance left from almost two decades of military dictatorship, to a democracy that lifted million of inhabitants out of poverty. According to an analysis from the Heritage Foundation, the model Chile followed to become one of the most developed economies in Latin America was mainly based on a large degree of economic freedom, boosting entrepreneurship and private-led economic growth, supported by moderate taxation and openness to international trade. At the same time, attention was paid to the most disadvantaged groups through social security and poverty reduction programmes and the increase of formal employment and educational coverage. The government also attracted foreign investments especially on the mining sector and heavily funded public infrastructure. A satisfying degree of political stability ensured that the economic changes could be man-

aged in a long-term perspective and finally resulted in 15% decrease of poverty rates and three-fold GDP growth. It is worth mentioning that back in the 1990s, Chile's per-capita GDP (in purchasing power parity terms) lagged behind Venezuela, Argentina, Brazil, Uruguay, Mexico and Colombia, while now it has the highest (US\$21,911), about 40% of US per-capita GDP.

The pace of growth has slowed in 2014 to around 2% from higher GDP growth rates in the last few years, but still the country is well positioned to deal with it. Chile also benefits from a favourable demographic trend, as the rapid expansion of the middle class has lowered the population growth and made it possible to expand social services. The ageing population has also been targeted by a pension model based on individual savings retirement accounts, reducing the burden on public spending.

Despite these positive figures, however, inequality remains very high by international standards and many other challenges need to be dealt with, such as the inadequate provision of public services in key private-led sectors (such as education, health, transportation and infrastructure), combined with imperfect regulations for consumer rights protection.

### Healthcare system

Chile ranks among the South American countries with the highest total health expenditure (about 7% of GDP). The healthcare sector is organised as combination of private and public insurance programmes. ISAPREs, or the insurance companies, manage their own clinics and hospitals, while the public sector has four institutions: the National System of Health Services (Sistema Nacional de Servicios de Salud, SNSS); FONASA (the public insurance company); the Public Health Institute; the Centre for Supply (Central de Abastecimiento) that is responsible for drug supply; and the Superintendencia de Salud which regulates public and private insurance companies and health providers.

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### Cover Photo

Dawn on Isla de Pascua. Rapa Nui, Easter Island

Vladimir\_Krupenkin / istockphoto

Formally employed people can choose between the private ISAPRE or the public FONASA insurance, while the rest of the population, particularly low-income or poor households, are treated in the public SNSS with subsidies from FONASA. Privately insured patients may select their health provider, and they get higher quality medical services although with higher co-payments. However, FONASA insured people may also opt for private health facility or health professionals if they are associated with FONASA, according to three pricing levels that progressively increase the cost of co-payments for the worker.

In 2012, FONASA covered about three-quarters of the Chilean population (74%), while less than a fifth (17%) were insured by an ISAPRE, 7% were not affiliated to any institution, and 2% were covered by specific funds for military or police employees. FONASA is funded through both general taxation and social security contributions made by workers and employers (7%). ISAPREs are funded by premiums, co-payments and deductibles, in addition to direct out-of-pocket payments for consultations and drugs.


In order to protect low-income households, in 2005 the government introduced the Universal Access with Explicit Guarantees (AUGE, Acceso Universal con Garantías Explícitas). According to the law, both ISAPRE and FONASA insurances include a package of diseases for which mandatory treatment is required, including diseases with major social impacts such as HIV/AIDS

or chronic diseases such as hypertension and diabetes. The Ministry of Health currently lists 80 treatments under the AUGE coverage. Poorer households receive such services for free or pay according to their income.

The AUGE plan has significantly helped in reducing hospitalisation rates for the covered diseases, but as a consequence, the other uncovered conditions are receiving less attention and waiting times for treatment are increasing.


Moreover, private insurance companies mainly focus on individuals with higher incomes and lower needs such as young (preferably male) adults, while FONASA covers people with lower incomes and more health needs, such as women, the elderly, children and sick people, a phenomenon known as "adverse selection". Despite the relevant improvement in access to health-care services, out-of-pocket expenditure is still relatively high for services or products that are not covered by insurance including prescription drugs, and catastrophic health expenditure still remains a threat.


Fragmentation of health services and oligopoly ( five ISAPREs cover 96% of the privately insured population) are the main drawbacks of the Chilean health insurance system, preventing the movement and competition between ISAPREs and creating barriers in the private insurance market.



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# Colombia

## Interesting facts about Colombia...

- It has the world's 2nd largest Spanish-speaking population (the 23rd largest in the world);
- In 2014, it reach the top of the World Bank 's ranking as the most business-friendly country in Latin America;
- It possesses five underwater cables and a national fiber-optic ring that connects 300 municipalities;
- It hosts more than 100 authorized permanent and special permanent zones;
- The capital Bogotá, lying at 2,640 metres above sea level, serves its over 8 million inhabitants with one of the most sophisticated bus transportation systems in Latin America, called the "TransMilenio".

## Population

The majority of Colombians live in cities located in the western part of the country where the Andean chain begins, or in the northern coastlines. The capital Bogotá alone has almost one-fifth of the total population. Most of the inhabitants of southern and eastern areas, dominated by the tropical rainforest and inland plains, are small farming communities and indigenous tribes that live scattered across these regions.


Colombia presents not only an uneven geographic distribution of its population, but also a marked inequality in wealth distribution. A minority of rich families, originating from the Spanish colonists, have considerably profited from the sustained growth. On the other hand, the majority of the population, both indigenous or from other mixed origins, has gained much less from the country's development in the XX century. Such long-lasting inequalities have created a fertile substratum for rebellion and for the action of guerrilla groups, especially among rural communities, while at the same time million inhabitants were left behind and still live in poverty.


Nevertheless, social mobility has increased during the last decades and the middle class has grown remarkably. This group is estimated to have grown from 15% of the population to 28% in the decade 2002-2012, almost doubling its size to about 14 million people according to 2013 figures. This trend was accompanied by an increasing number of rural inhabitants that moved into the cities following their economic growth, reaching an urbanization rate of 75% in late 2000s.

Much of this shift has been boosted by the accessibility to government loans that Colombians use to get or improve their home and for their children education. Such positive figures,

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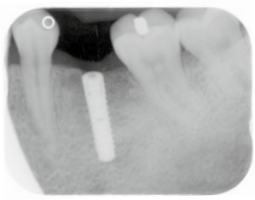
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however, cannot hide the smaller size of the middle class compared to the group of people living below the poverty line, estimated at 30%. Moreover, the inequality between urban and rural dwellers remains high, with the latter being almost excluded from the main benefits of the country's economic growth.

Therefore, combatting poverty and inequality remains a priority challenge for the government. One positive trend is the increasing number of projects aimed to create more inclusive employment for low-income groups. Some initiatives especially target women, indigenous people and youth who have been more excluded from the economic development. An example is the partnership between the Chamber of Commerce and the UNDP (United Nations Development Programme), implemented at community level through the Colombia's Centres of Employment and Equipment. This program has trained over 21,000 people so far, 59% of which are women, and developed more than 4,600 business plans, while generating more than 2,000 jobs.

The improvement in employment rates is however quite general, in fact, although unemployment in 2013 was quite high at 8.4%, it is still a very positive figure if compared to the 17.4% recorded in 2012.

### Economy

The economy is mainly based on raw materials and oil and mining exports. Colombia is the 3rd largest crude oil producer in South America and the 7th largest supplier of crude oil to the United States, to which Colombia is bound by particularly strong economic ties. Moreover, Colombia is the 10th largest coal producer and its 4th exporter worldwide, mainly to the Netherlands and the USA. In addition to oil and coal, Colombia is also a major producer of precious metals and stones (gold, silver, emeralds and platinum).

From a macroeconomic perspective, Colombia has scored a series of positive results over the last decade. The country's GDP grew on average by 4% a year during the period 2000-2011, with Bogotá alone accounting for one-quarter of it. In 2011, despite the challenging international context, the GDP growth rate kept above the regional average at 6%. In the first semester of 2014 it declined at 5.4% due to a prolonged slowdown in commodity exports that affected the mining and oil sectors. Despite the external turmoils, Colombia remains the third largest Latin America's economy after Brazil and Mexico. The finance minister, Mr Mauricio Cardenas, recently forecasted a 4.7% growth this year, among a regional average only slightly over 2%.

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According to an analyst from the Financial Times, there are expectations for further improvements arising from announced infrastructure program and the prospect of a peace deal with rebels. After making significant improvements in guaranteeing safety and security to citizens, Colombia has regained a fairly higher trust from foreign investors than in the past. The country's sound economic policy, including low fiscal deficit and inflation, is an attractive incentive to step into the market. With the tax reform introduced in 2012, payroll taxes were cut while income tax on higher incomes were raised; as a result, formal-sector jobs are growing at 8% a year, in line with government's objective to cut the unemployment rate. The tax reform should also provide funds to invest US\$100 billion in infrastructure over the next ten years, a quarter of which should be targeted to private-public partnerships for the transportation sector by 2018.

Investors' increased confidence in the stability of Colombia's economy has increased after a new fiscal rule has decreased the public sector deficit to less than 1% of GDP. Together with Peru, Colombia is attracting more FDI (in relation to GDP) than Brazil or Mexico, according to a study by Americas Market Intelligence. The same study reports that the improved investment conditions, due to the simplification of the regulatory environment, and the efforts to tackle corruption and open up the economy have transformed Colombia into a leading investment destination. The process was undoubtedly made easier by the country's improvement in international business rankings: a significant score was the 43rd place attained in the 2014 World Bank's Ease of Doing Business rank (above Mexico, 53rd, and Brazil, 116th) and the inclusion in OECD Investment Group A, as a step towards joining it permanently.

As a result, while FDI represented 4.1% of GDP in 2011, it reached a record \$16.8 billion in 2013, an increase of 7% on 2012, rising its share of GDP to about 4.5%. However, over 80% of this amount was destined to the oil and mining industry, also because of the oil boom that Colombia is experiencing.

Despite the oil and mining industries still represent the core of the economic activity, the expansion of the Colombian middle class is contributing to a diversification that benefits the development of other sectors such as construction, telecommunications, financial services and retail. Besides the above-mentioned middle class size, other income indicators have nearly doubled in the period 2000 to 2012: private consumption went up from 14% to 28% of GDP, and per capita GDP rose from US\$5,826 to US\$10,350. It is worth noticing that in 2013 the middle class upper range's income was estimated at over US\$20,000 per household. In the same year, however, despite the 820,000 people that were lifted out of poverty, the National Administrative Department of Statistics (DANE) reported that over 30% of the population were still living below the poverty line, and 9% in "extreme poverty." These figures make it clear that the considerable economic growth of the recent past hasn't at all been equally shared among the whole Colombian population.

## The healthcare system

The public healthcare system was outlined in 1993 when the National Obligatory Health Insurance was created. It consists of a contributive part, targeting employers and employees, and a subsidized part, covering poor or unemployed individuals, funded by a mix of taxes, royalties and contributions paid by formal workers.

The insurers (or EPS, Empresas Promotoras de Salud) collect premiums and contract services with the IPSs (Institución Prestadora de Salud), the 30,000 authorized hospitals, labs, clinics, doctors' and dental practices in Colombia. 22 EPSs are involved with the formal contributive system, 44 with the subsidized scheme. The EPSs are private companies, but they manage public health funds to fund treatment and choose services for their customers. Their nominal task is to keep down overall costs, which in part they do, but they are reportedly involved in many cases of mismanagement, for instance creating bureaucratic barriers for treatments, withholding payments, and investing funds in areas not related to health care.

The contributive system covers approximately 44% of the population while the subsidized regimen about 51%; together, they should nominally cover almost all of the population, but according to a recent report issued by Siemens Healthcare Magazine, the extensive corruption and collusion and the high levels of debt between the different providers (EPS, IPS and municipality-level public institutions) resulted in a lack of coverage for many people despite their being insured.

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# Chile and Colombia: medical device market comparison

	CHILE	COLOMBIA
Medical market value, US\$, 2013	0.9 billion	1.2 billion
CAGR, 2013 - 2018	10.9%	12%
Medical market value forecast, 2018	1.4 billion	2,1 billion
Medical device import value as of Sep. 2014, US\$	684.5 million	1.04 billion
Medical device import growth rate in the period Sept. 2013-14	5.6% patient aids (12.9%) dental products (8.2%) other medical devices (5.5%) diagnostic imaging (5.2%) consumables (3.4%) orthopaedics & prosthetics (2.5%)	14.8% Note: double-digit growth in all areas except dental products
Medical device export value as of Sep. 2014, US\$	22.3 million Note: almost three-fold growth in exports of dental products compared to previous 12 months	68.5 million
Medical device export growth rate in the period Sept. 2013-14	12%	-7.6%

Source: Espicom

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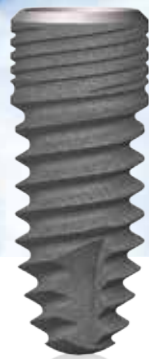
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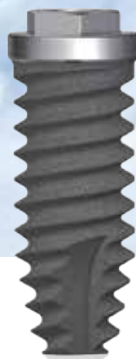
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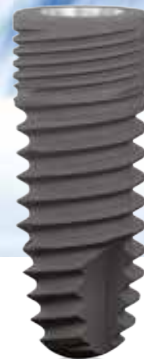
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## The Principles for Startups

This article wants to set the principles that you have to consider to build and to measure your business about a Startup. We'll apply them in marketing areas, economics, relationship opportunities, financial, Web and Social Media strategies, learning activities and so on.

**Author:** Antonio Pelliccia

*Prof. Catholic University of Rome Health Management*

**T**he principles

During Startups there are many situations to generate a lot of worry. About launching, finding and securing funding, hiring great staffers... So, the customer service could be considered in the wayside. Attention, if you don't want to have problems with your startup, remember that in order to be successful, offering the best customer service is essential. Otherwise the finances and the new brand will be suffering to obtain the ROI (Return On Investment).

### Users expect very fast answers from you

In 2014 you have to meditate that most brands have social media platforms now. So, many things have changed due to the increased importance of customers' voice. As far as the opinions are concerned, whether they are formed on Facebook or Twitter; however on the Internet, you have to anticipate that they want a fast reply. Everybody needs answers very fast, but the more so during startups, when your brand isn't enough consolidated yet. If you think that customers who use social media for customer service expect a reply from you within an hour... It is

another reason for going towards customer service direction. Apparently, during your company's startup your brand isn't so famous to support any answers, but you have to considerate that about a quarter of users can wait the rest of the day to receive your answers. This is the reason why startups must monitor online conversations and answer users fast.

### At the beginning your product probably isn't perfect

Abundantly obvious, that many betterments are possible. It's normal, that's OK. Startups are startups for many reasons, some of these improvements depend on the product, and other depend on services you offer into your value pack to compete with one another. It's normal at the beginning that users become impatient if your customer service platform is not perfect. They know what went wrong will be fixed. When a startup launches, sometimes businessmen rely on users to identify faults, which can be great feedback for the company. Those users deserve something in return, they could be an opportunity however. You have to contribute information, communications and solve problems.

### Start Up Tip

Remember that in order to be successful, offering the best customer service is essential.

*kmlmtz66 / istock*



**Starting, you need opinion leaders and first adopters**

Every startup needs those starting Opinion Leaders and first Adopters who buy (and use) your products and your services, even when they aren't perfect. Startups must treat those customers with special care. Also remember that customers are twice more likely to share bad customer service experience than a good experience. Furthermore, it takes 12 positive customer experiences to make up for one negative experience, according to the Law of Pareto. Getting one bad review early, you damage your brand. There aren't best investors looking for valuable startup like your Opinion Leaders and first Adopters. They are also financially effective for your company. A great customer service means advertising effectiveness and financial assistance for every startup.

**Remember: above all you can't afford to lose customers**

There is a risk that consumers will stop doing business with your company after poor customer service and for startups, that would be a huge loss. Customers can spread the word about the company. While established companies have the luxury of being able to lose a few customers, startups simply do not. In all, 55% of consumers would pay more for better customer experience, so startups can capitalize on this by offering awesome customer service right out of the gate. Today the competition is very hard during the startup. In each country in the world, having fast and efficient customer service is one thing that can set your startup apart. I should work you to my way of thinking that every day we are inundated by brands fighting for our attention. How can you possibly make your startup top of mind?

Marketing your startup in today's competitive business economy is undoubtedly difficult. There are steps that you can take to make sure your startup gets a fighting chance at success.

**The focus is on your target customer**

Frequently during the first start marketing, it is easy to get overzealous and wanting to reach out to everyone at once all the time. However, it is important to stay focused. The priority is only to reach your target customers who are most likely to help establish and grow your business. Rather than trying to attract any potential customer, be all over in on a target segment that will help you reach your short-term goals. Maybe this target segment is made up of early adopters, who you think will buy your product quickly - or quite simply, they may be a target audience you know how to reach. Whatever the case, staying focused will help you reach your target customer more efficiently and it is a better use of your limited resources.

**It is very important to build strategic partnerships**

From point 5 (The Focus is on Your Target Customer), aligning yourself with an established brand will help your startup gain credibility. For example the Dentistry Association, Industry Association, otherwise Scientific Societies. Choose a form of communication that shows your enthusiasm about complementary services so that you can refer to your strategic partners. You can always consider implementing a referral fee on both sides, so that there is a monetary incentive on top of the new business partnerships that each of you will bring in.

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### Engage in community development

Getting specific and dedicated news magazine into the referral market is a great way to raise awareness about your brand. Participate to specialized newspaper or specific congresses organization and tell them about your new business development. This is also another concept to convince the market why your business is worth their time and energy, so you can speak directly with your customers. You also need to contact Universities or Colleges, and see if they would be willing to publish your story in their student newspaper or website. Universities love to report on alumni who are doing cool things after graduation, so it never hurts to ask them about your new business development. But the best way to market your startup through community outreach is by sponsoring local events or competitions. It may be possible to look for investors' awareness. It's very, very important that you look for research bloggers (Key Opinion Leaders) too, and send them a product to review. You should also provide them with a referral link for their review post so you can add to your ROI.

### Lastly, you could offer to.... Incentivize people to share to conquer the market.

If you want consumers to talk about your product or service, there's nothing quite like giving them an incentive to do so. Offer an immediate discount, if they write or speak or post, or Tweet... or ask them to post about your product or service on Facebook

### Through a contest.

Another way to incentivize your customers is through a contest. Give a premium, find the winner! You can embed the possibility to win a premium anywhere, including your own site, then you can pick a winner at the end. In order to incentivize your customers to participate, explain to them the actual value of your products or services for them. This is another way to explain your products and services.

### Develop the content of your brand.

This is a fundamental point and it represents more than a long-term strategy. Pointing to the content of your Brand is the real way to success. Developing your Brand content is a phenomenal way to market your startup. If you're working with a small team and you just don't have many customers who write custom content, don't wait a few months until you are a bit more established, start immediately yourself to write opinions on Internet. Positioning your Brand is the only one great way to align your company and if you have something intelligent to propose to enter in the market like a protagonist, do it.

### Release an article about problems that the market has. Customers understand if you know the market.

The important thing to remember is to release an article, about once every three months, where you reflect on issues that your industry is facing with some thoughtful commentary and analysis. Also remember that it's very important to do researches or conduct market surveys and publish the more relevant findings. In fact, the most unique the information is, the more likely it will be to earn the attention for your Brand.

### The Power of Social Media

Today you cannot afford not to use Social Media. It's obvious that one of the tactics for your marketing, when you develop your startup, is using social media. However, there are right and wrong ways of using social media marketing. In this case it's very important that you explain how you are engaging with your customers. Don't use your Twitter and Facebook platforms only for promotional information about your company. Instead, post interesting and shareable information. You want the content you offer to have value – it's crucial to know your audience so you can give them information that is either helpful, interesting - or both. Remember that the platforms are not all the same. You should always consider which platforms make the most sense for your startup. For example, if you offer a service that is best expressed by sharing information, develop a strong Twitter or Facebook presence. With Twitter in mind, be sure to use it to engage B2B as well as B2C. Thank anyone who mentions your business in their articles, and even engage with your competitors from time to time - this puts your brand on the map, and can bolster relationships with people in your industry.

### Apply for Customer Awards

Whether you've developed a new service for the business of your customers, or you are introducing a new product, unlike anything else, in the market — getting the recognition from a business award will surely increase your brand awareness. It is not so important if your award is small, because it will only mean an increase on the reputation of your company. Winning a local business award will also give your startup more legitimacy.

### The Marketing Plane

Not only the big companies need marketing plans, also your startup needs one. I'm sure that you know the importance of a business plan, so a marketing plan will help you focus and decide where and how to spend your resources. A marketing plan could not guarantee your success, but what it will do is give you a guide that details how, when, and why you'll carry out certain efforts. This is extremely important because it increases your chance for success. Not only that, the work you put into developing such a plan will help you better understand your business and industry.

### Brainstorm

Before writing a marketing plan, consult your business plan. Review the goals you've set for yourself and look at the products/services you offer. How do your products/services benefit a potential customer? How do you differ from your competitors? What makes you stand out? Start with a brainstorming session to determine your selling point and think about what you hope to get out of your marketing efforts.

### Identify Target Audience

Defining a target audience is essential before developing a marketing plan. Your products and services may appeal to a lot of people, but that doesn't mean you should spend your time and money trying to reach everyone. Determining an audience can help you distribute what limited resources your startup has.

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### Consult your business plan

Anything you do to further promote your company should align with your original business plan. Before you decide to market your company, look at what you offer and figure out how it satisfies a need for your potential customers.

### Research

Gather information from secondary sources! Your potential customers, like the leads, are one of the examples of secondary resources. If you can invest money, conduct some primary research. Use this research to determine how to define your niche.

### Customer profile

At first you've to take the time to research, create a customer profile. This is an in-depth description of who your typical customer may be. It includes both demographic and psychographic information - like age, gender, and location - and psychographic and personal information, which offers insights regarding interests, hobbies, or behaviors. Both types of information are essential to gather early in the process of developing your marketing plan, because your sales force will be very interested about this second area of information...

### Find your customer

Take this step literally! Find out which social networks or apps your potential customers use. Which websites do they like? Determine everything you can about possible channels to reach your audience. Monitor and observe the environment where your customers express their opinions... I could tell to you. After you've determined who is your potential customer, you have to prepare a campaign to evaluate whether you hit the mark in terms of targeting the right audience.

### SWOT Analysis

Before you set your marketing efforts and investment, you need to know where you stand. A SWOT analysis is an assessment of the internal and external factors or issues a company is facing. SWOT is an acronym that stands for Strengths, Weaknesses, Opportunities, and Threats. Why is this step in the marketing process important? When you determine your marketing objectives, you need to make sure they are built on the knowledge you acquired during a SWOT analysis because the information can help dictate those objectives. If you learn during your research that there's an untapped market that might be interested in your products or services, you can be the first among your competition to reach out to that audience. Essentially, it helps you establish YOUR place in the market. Don't skip ahead for just a minute, the last part of the marketing process. You have to involve and to adjust your plan based on how your efforts have performed or the new information you have acquired. If you're a brand new startup, that's going to be essential because you might not be able to complete your SWOT analysis without some trial-and-error. Before launching your first marketing campaign, you can try to determine your SWOTs, but it all changes once you officially enter the market!

### Set Objectives

The information you compiled during your SWOT analysis should help guide the development of your objectives. For example, if you determine that you have low customer retention, you can take this into consideration as you complete the rest of your marketing plan. You'll know to focus some of your efforts on boosting customer retention.

Your objectives need to have several qualities: specific, measurable, achievable, realistic, time-sensitive. That means:

**Specific:** write your objectives in a manner that is clear about what you would like to achieve.

**Measurable:** It doesn't matter which objective you set, you need to be able to verify whether you were successful. That means define each objective.

**Achievable:** this step is tricky. It's about ensuring you have the resources to realize the objectives you've set. This usually means having the money or people to support your objectives. As a startup, you might be short on both. Keep in mind what resources you have (or lack) as you develop your objectives.

**Realistic:** this might be one of the most difficult parts of developing objectives. You need to find the balance between challenging and obtainable. In my experience, when beginning every startup it's natural to have the drive and passion to grow the business. But, one mistake that the owners make is creating objectives that just aren't possible. This can be discouraging. Reach high, but don't set yourself up for failure.

**Time-sensitive:** for each objective, set a deadline.

A Gantt diagram...

### Determine Strategies and Tactics

How do you intend to achieve your objectives? What do you hope to accomplish with your objectives or with your strategies and tactics? It is actually better to explain! You'll develop a strategy to tackle each objective, then decide on the tactics. This section is where you get into decisions whether you'll choose to advertise, focus on engagement through social media, or run an email campaign or classical advertisement. Make sure that the strategies you develop and tactics you choose align with the objectives you've set, for example your Business Plan. In addition, make sure you put together specifics about how you're going to measure all of your activities.

### Finalize Budget and Timeline

Now try to put together the first association of points developed in this article. When you settle on the tactics you will use to market your company, you'll be investigating costs for various activities. Create a budget and timeline section that lists the name of each activity as well as the cost and budgeted time. As a startup, this section may actually be more focused on time and human resources. Regardless of the tactics you've chosen and how they'll be funded or accomplished, lay out how much you plan to spend and develop a timeline. Having all this information in one place will help you revisit it in the future and reconcile how much time and money you planned to spend versus actual costs and time spent. Starting a business is exhilarating. Unfortunately, the "build it and they will come" theory doesn't hold much weight and those overnight success stories you hear about are often the result of





behind the scenes years of hard work. Simply put, startup marketing is a unique challenge many times because of limited resources, whether it's time, money or talent. You have to be sure every effort, no matter how small, is well-planned and flawlessly executed. And to make it even more difficult, the traditional marketing strategies don't always work. Startup marketing is a whole different science. How so? The secret is properly combining the right channels: Content Marketing and Public Relationship. Continuing from the second article that we published on this magazine, here's the third part on Marketing for Start Up. Before you start laying bricks, you need a solid foundation. A successful startup marketing strategy follows that same principle. Before you jump into marketing your startup, make sure you have the following bases covered.

**Evaluate, Review and Adjust**

After you've completed your plan, your work isn't finished. It's up to you to monitor and adjust your plan as time goes on. Evaluate each marketing campaign you run. Figure out if you're meeting your objectives. If you're easily meeting your objectives, consider challenging yourself a bit more. If not, are you setting the bar too high? Is something amiss with your strategies or tactics? Your marketing plan shouldn't be something that you write and set aside. It's something designed to help and guide you and it should be reviewed frequently and updated if new information is acquired. **Remember:** There's really no wrong way to compile your plan. Just make sure you're gathering as much information as you can and putting your goals down on paper before launching your marketing efforts.

**Choosing a Market**

It's easy for startup founders to believe the whole world will love their products. After all, founders eat, sleep and breathe their products. The reality is that only a small portion of the population is interested in your product.

If you try to market your startup to everyone, you waste both time and money. The key is to identify a niche target market and go after that market share aggressively. How do you choose a market? There are four main factors to consider:

Market Size – Are you targeting a regional demographic? Male? Children? Know exactly how many potential customers are in your target market.

Market Wealth – Does this market have the money to spend on your product?

Market Competition – Is the market saturated? Are there many competitors?

Value Proposition – Is your value proposition unique enough to cut through the noise?

**Defining Keywords**

With a clearly defined market, you can begin building a keyword list. You'll use the keyword list primarily for blogging, social media and your main marketing site. Essentially, you want to build a list of words or phrases that are highly relevant to your brand. Ask yourself: What would someone type into Google to find your startup's website? Start with a core keyword list. This is a list of three to five keywords that completely summarize what your startup does. For example, Company's core keyword list is: customer acquisition, content marketing and startup PR. Your core

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keyword list should be based on your value proposition. What is it that you're offering customers? (Tip: Your core keywords make excellent blog categories). Now you'll want to expand your core keyword list to include secondary keywords. Secondary keywords are more specific. Take "content marketing", the core keyword from earlier, for example. Secondary keywords might include: corporate blogging, blogging best practices, email marketing how to, etc. Use free tools to find the keywords already sending traffic to your website. Then run your core keywords through Google's Keyword Tool and Uber Suggest. The best keywords found through those tools will be identified by low competition and high traffic. In other words, a lot of people are searching for them, but few results are displayed.

### Defining Success

Success is different for every startup. Maybe success is 500 new signups per month for Startup A while Startup B thinks success is \$50,000 in revenue per month. Whatever your idea of success may be, define it early and define it rigidly. Write it down or send it to the entire team. Just make sure everyone you're working with knows your definition of success and is prepared to work towards it. Be sure to stay consistent. It doesn't matter if you're defining success by signups, revenue, profit or anything else you can think of. What matters is that it's tied to real growth (no vanity successes) and that it's measured the same way each month. For example, don't define success as 500 new signups one month and then \$50,000 in revenue the next. Pick one definition and commit to it.

### Setting Core Metrics

Just as you shouldn't indulge vanity success, you shouldn't indulge vanity metrics. Somebody refers to working with vanity metrics as "playing in success theatre". While vanity metrics are appealing, if only to your ego, they are useless. They are not tied to real growth, meaning you won't know if your startup is a roaring success or total flop until it's far too late.

Be sure your core metrics are accurately measurable and specific. For example, let's assume you've defined success as 500 new signups per month. You might measure the conversion rate of three calls to sign up. The idea is to have a few highly valuable metrics based on actions taken throughout the customer acquisition funnel (e.g. signups, newsletter subscriptions, eBook downloads). Don't try to measure everything. Focus on the key indicators of success.

(Tip: Record baseline metrics right away so you can easily determine your growth).

### Estimating a Conversion Rate

The next step is to assign conversion rates and values. Consider newsletter signups, for example. 100 new newsletter signups per month could be incredible growth if your conversion rate is 20%. That is, if 20% of your newsletter subscribers become paying customers. If your conversion rate is closer to 1%, those 100 newsletter signups might be insignificant.

Estimate (based on historical data) your lead conversion rate. Now, do the same to estimate the lifetime value of a customer. If you know how many of your leads convert and how much those conversions generate for your startup, you can assign values

to goal completions like newsletter signups. € 2 500 per month from your newsletter is a lot more indicative of success than 100 new newsletter signups.

### Setting a Budget

At the end of the day, it all comes down to money. How much can you afford to spend on your startup marketing strategy? Remember that while inbound marketing leads cost 61% less than outbound marketing leads, they are not free. Set a budget early in the game and accept that limitation. "57% of startup marketing managers are not basing their marketing budgets on any ROI analysis." More importantly, carefully plan how you intend to divide that budget. Maybe your blog has been your most powerful tool to date and you want to invest 40% of the budget on it. Or maybe you want to spend 35% of the budget to develop a new eBook or online course. Just be sure you have the logistics settled before you start spending (or you might just lose your hat).

### Social Media

Social media is one of the most popular ways to promote your content and reach influencers. Since a great content promotion plan brings potential customers to your website and influencing the influencer can generate thousands of new leads, social media is invaluable to startups. Of course, there are a few tricks to get the most out of it.

### Choosing the Right Social Media Networks

Startups tend to choose the social media networks they engage on without much strategy. The two most common mistakes are trying to master every network and trying to master certain networks just because the competition is doing it. If all of your competitors are on Facebook, Twitter and LinkedIn, you should be too, right? Maybe, but maybe not. Facebook, Twitter, LinkedIn, Tumblr, Reddit, Pinterest and now Instagram, are some of the most popular social networks today. All of them can be great content promotion and community building tools, but they all have unique characteristics. Facebook, for example, is typically powered by your existing customers who enjoy visual posts like pictures and video. Twitter, on the other hand, is often powered by potential customers who respond well to links (e.g. blog links). Each social network 'works' differently, as such, how the community takes, interprets and digests your sharing and content varies. Reddit is often referred to as a very guarded network and detests spammers. Unlike twitter, here you can't just schedule various messages every day. The content you share in Reddit has to be specific and unique to the categories you choose. Reddit, like other networks, requires a slower approach. You can't just jump on, run some ads and expect people to up-vote all your content. Be mindful of the network and community you are trying to reach, it may not be in the social space you first thought. (Tip: Consider the demographic of the social network itself. Take Tumblr, for example. Tumblr caters to a young, laid-back audience that loves sharing inspiring quotes and funny pictures. If you're targeting this audience, don't spend your time on LinkedIn.)

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#### Defining the Best Times to Post

The idea that there is a perfect time to post a tweet or Facebook update is a myth. If you're targeting teenagers, mornings and nights might be the best times to post during the school year. During the summer? That's a whole other story. There simply is no universal "perfect time to post". There are, however, some best practices. Facebook: Saturdays are best. 2 p.m. EST is the best time to share. 0.5 posts per day is the best frequency. Twitter: 5 p.m. EST is the best time to get a retweet. 1 to 4 link tweets per hour is the best frequency. Tuesdays, Wednesdays, Thursdays, Saturdays and Sundays are best. 6 a.m. EST, 12 p.m. EST and 6 p.m. EST are the best times to tweet in terms of clicks.

#### Using a Keyword List

Now it's time to put that keyword list you created earlier to good use. When it comes to social media, you'll use your keyword list to maximize your engagement efforts. If you're marketing an online shopping club for families like HappyFarmJeans, you'll want to ensure you're having family and shopping focused discussions on social media. The easiest way to do this is to use a social networking management tool like HootSuite. That way you can setup search streams of your core keywords. Using HappyFarmJeans as an example, one of their streams might be for the keyword "online shopping club". They'll be able to monitor all of the conversations happening around that keyword and join in. More importantly, HappyFarmJeans will solidify a re-putation in the space.

Tip: Use your keyword list to help target any online ads you may be running.

#### Creating and Using an Influencer List

As mentioned above, one of the best marketing techniques online is to influence the influencer. It will take a long time for your startup to develop a highly influential relationship with thousands of people. Instead, focus on connecting with the people who already have that influence. "78% of social media users said posts by brands influenced their purchase behavior moderately or highly." For example, HappyFarmJeans might look to connect with a famous celebrity mother via Twitter. If that mom loves what they're doing for families and tweets about them to thousands (if not millions) of loyal followers, HappyFarmJeans will see a huge surge in both followers and traffic. (Tip: Journalists and community leaders are great influencers as well. Don't limit yourself to celebrities, who can be very tricky to connect with.) Build your influencer list with a bit of market research. Start by finding popular blogs in the space. Who writes for those blogs? Who owns them? Search for your core keywords on Twitter. Who appears in the results? Who are they following? Remember that a high follower count is not always a good indication of influence. Look for how engaged their followers are and their follower to following ratio.

#### Setting Up a Blog

Setting up a blog can be quite simple. It's a matter of downloading the software, uploading it to your server and following the setup instructions. WordPress, for example, is free and offers many amazing plugins. One, for example, is Yoast SEO. Start by installing Yoast, a SEO plugin that will help Google and other search engines locate and rank your content (other great plugins



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include Akismet, Calendar, and featured posts). Then, setup the basics like blog categories and tags.

Once the back-end of your blog is ready to go, think about the curb appeal. How does your design look? Ask a professional designer to help you design your blog or give it a small revamp. Then invite ten friends to check out the design and offer feedback. You'll get a feel for the aesthetic appeal. Remember, design is important as it relates to user experience, but it shouldn't be all consuming. Your blog is about publishing really great content, at the right time to the right people. Your design should simply enhance that experience.

Be sure your design is also functional.

Ask yourself these questions:

If I stand back and squint my eyes, does my call to action still pop?

Do I have search functionality?

Do I have social media information and sharing functions (e.g. Twitter feed, Facebook plugin)?

Do I have a blog subscription and RSS feed option?

Do I have featured images on my blog's homepage?

Do I have social sharing buttons on each blog post?

Note: While WordPress is not the only blogging platform, it is one of the most widely used.

### PR Remains a Mystery in Many Startup Circles.

When's the right time to tell people about your startup? Is there value in getting early coverage on industry blogs? What message is going to resonate with writers? How can you maximize the press coverage you get and translate it into sales? Should I hire a PR firm to help me out?

The good news is that it doesn't need to be such a mystery.

Fundamentally, it all boils down to this:

What to say.

When to say it.

Who to say it to.

### Craft Meaningful Positioning Statements

Much like a great elevator pitch should lie in the mind of any entrepreneur, a series of engaging positioning statements is vital. And while constructing two sentences may seem easy, crafting effective statements is quite the challenge. Start by identifying what the product is and how it will affect others. Think of the product as the solution created to solve a worldwide problem. This is an important measure to remember when marketing and selling the product. Don't think of it as selling a product. Think of it as solving a problem. Lastly, who will care about your product? What is your product? How will it affect others? Who will care?

Positioning statements combine these three key factors into two sentences that are used to market the product and pitch it to the media. To ensure success, it is important that these statements not only articulate what the product is capable of but that they clearly describe its value proposition as well.

### Business Start-up Checklist

A list of questions to consider before starting your business. Have you established relationships with advisors (i.e. lawyer and accountant)? Have you chosen the form of business organization most appropriate for your need? Define Your Startup Sensitivities "Keep your friends close and your enemies closer!"

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By identifying competitors' strengths and weaknesses, one can better understand how to market one's product as better. Why is their solution to the universal problem their product solves better than those before it?

### Be creative.

Use spreadsheets, visual imagery or lists. Harness all of the information available on the product and its competitors, and study it. Look at each closely and determine strengths and weaknesses. If there are others who have an edge, then look at an angle where they are lacking. Creating "the next social network for penguins" might be your ultimate passion, but be conscious of the fact that you've got a remarkably short span of time to engage writers when pitching them. Focus on the one (or two) strongest aspects of your value proposition (what your customers love about you most) and lean heavily on those hooks to gauge media interest.

### Identifying the Right Writers for a Media List

The importance of identifying who will care about the product is not only relevant in terms of crafting positioning statements, but in identifying the right writers for a media list as well. Any media outlet employs a number of qualified writers capable of telling the story, but you should be careful to pitch only writers who will be the best fit for your product. Though time-consuming, this simple step should never be overlooked. Determine key media outlets of interest then search for stories with similar themes or relevance to your own. Look at the writers who've covered those stories. Always pitch the right writer for your story. For example, if your product is exclusively for iPhone, don't pitch a journalist who only reports on Android products.

### "Build your network before you need them."

~ Jeremiah Owyang, *Partner and Industry Analyst at Altimeter Group*  
Once you have identified the writers to connect with, utilize social media to engage with them. Build relationships and ask of nothing. Set up private Twitter lists of the writers of interest, and actively respond to them and retweet their posts. Make friends with them!

### Build relationships with writers

Relationships with writers are not always easy to build, but the effort to achieve them can mean great story coverage and the opportunity to be covered again in the future. Even if you are not in a position to leverage journalists or writers, you should still be connecting and making those relationships. In due time, they will always benefit you and your startup.

### Creating a Press Kit

The key to a successful media launch is rooted deep within a killer media kit. Begin by identifying the items needed: Media Advisory / Logos & Screenshots / Founder Bios & Photos  
A media advisory should include all major points that are important to the product, the company and its success. It should include how the product is changing the world and why it is important. More importantly, it should be written and directed towards who will care. The "pitch" should be included in the headline and/or the first paragraph of the release. This is an excellent opportunity to use your positioning statements from earlier.

Include brief and necessary background information on the company and its founders. Enough to offer a taste of the team behind the product. By offering quick stats at the end of the media advisory, writers are given a brief snapshot of the company. Include: Company Name - Website - Twitter Handle(s) - CEO & Co-Founders - Launch Date (if applicable) - Fees (if applicable). Be conscious of time restrictions or sensitivities. Is there an embargo present or a set launch date and time?

### Remember, most writers will merely skim a media advisory.

By ensuring that a media advisory is tight and effective, you'll increase the chances of story coverage. Always offer the media options to use as supplementary visuals to accompany the story. Include company logo(s) and relevant screenshots of the product. Anything that offers a glimpse of features and capabilities is appreciated. Provide a brief biography of each founder and respective photos. What is the driving force behind the company and how have their beliefs shaped it to become the success it is now? Include any tidbits of information that writers could use.

### An important takeaway is that your press kit can be your ultimate weapon in securing great coverage.

We recommend using a personalized Dropbox folder or Google Drive for each journalist you approach so that you can easily share by inviting them to the folder. It will also confirm when they join or view the folder – confirming interest – and hopefully that a story is about to be written.

### Reaching Out to Journalists

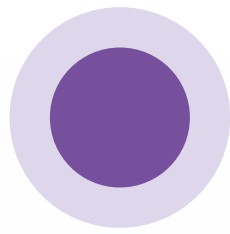
Engagement with journalists prior to reaching out is key. When interacting with writers beforehand, you should request to send information on a story that may interest them. As previously mentioned, by building a relationship first, this request doesn't come off as insincere. Writers may still decline, but by continuing to build on the relationship created, you could potentially convince them to accept in the future.

### Content Creation

With a blog setup and your PR in full swing, it's time to kick content creation into high-gear. Managing a blog and other forms of content can seem daunting, especially to not-so-great writers. Fortunately, four little steps will give startups the information they need to get serious.

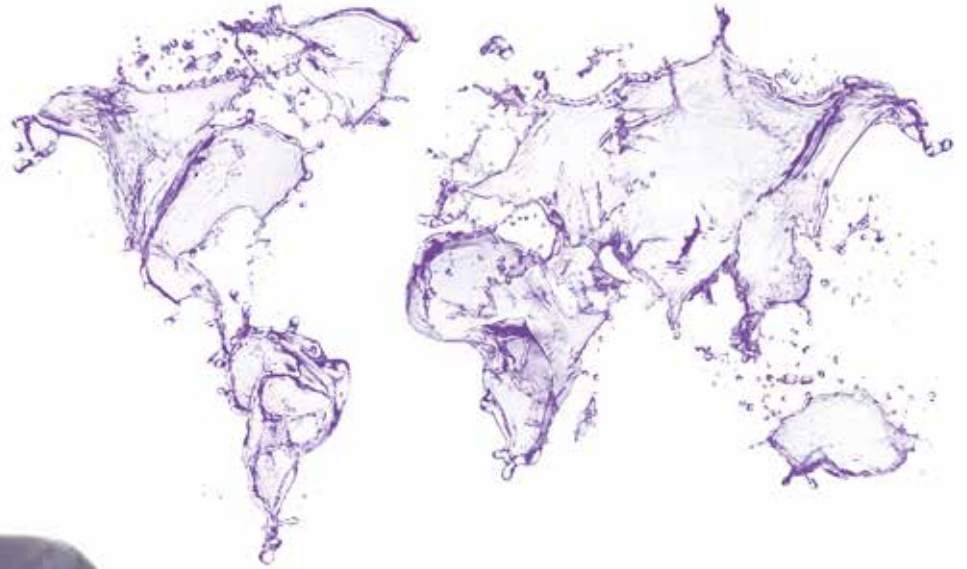
### Creating a Topic List

You've got a good looking blog designed and a great content promotion strategy, but something's missing. Oh right! The content. Before you dive right in and start writing, create a topic list. The perfect topic list is based on your core keywords for SEO purposes. Using your core keywords on your blog builds your startup's credibility with search engines. Start by brainstorming ten topic ideas around each of your core keywords. Where possible, use your keywords in the titles, but not where it feels unnatural. With between thirty and fifty topics, you can start thinking about writing. But first, put all of these ideas into a calendar. When will each be published? Who will write them? Are any of them in progress? A blog calendar helps you track your topics from conception to completion. Gantt charts are often



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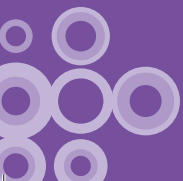
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shrugged off, but for the purpose of properly managing an editorial schedule, they are extremely helpful. Check out the multitude of templates and spreadsheets available for free online like: 90-day calendar, a Google Doc template, or these free guides from Bob Angus.

Tip: Be sure to add descriptions to your topic ideas. You might not remember your main points when you go to write the post three months from now.

#### Knowing What Types of Content to Publish

There are four main types of content to be published (excluding blog content). Like social networks, each one has unique advantages and disadvantages. Consider your options carefully, always keeping your target market in mind. And remember: don't try to do a little bit of everything right. Offer a free eBook in exchange for a name and email address. Just like that, you have a new lead. You know they're interested in your product because they were interested in the eBook and now you have their contact information. Now, follow up. Ask their opinion of the eBook and open the door for conversation.

#### Webinar.

Hearing your voice and engaging with you live gives your customers (and potential customers) a sense of ease. Webinars capitalize on this! Cross promote your webinar on your blog. Also, have someone on your team live tweet during the webinar using a custom #hashtag. At the end of the webinar, after providing real value to the attendees, post your contact information. It's a simple, interactive way to generate new leads.

#### Newsletter

Email marketing is far from dead, despite what you might have read. Make subscribing to your newsletter quick and easy. Don't go overboard with your email blasts though because if you overuse the connection, you'll lose it. For the same reason, you'll want to ensure every newsletter offers real value and is not just an excuse to push a new product. Try offering a discount, a promotion, industry news, or a contest – whatever!

#### Video

If a picture is worth a thousand words, imagine how much a video is worth. Keep it simple by having an explainer video created or by shooting an introduction video. Put the video on your startup's homepage and/or blog. You might be camera shy, but statistics show that most people would rather watch than read.

#### Guest Blogging

Guest blogging is vital for startups. First of all, guest posting on a popular blog is a great way to build your reputation in the space. Second, having someone influential guest blog on your startup's blog is an easy way to drive traffic. Start by looking for outgoing guest blogging opportunities on the top blogs that are writing for your target market. Most blogs will accept guest posts openly, so look for a writers' page or contributors' page. If you're having trouble, track down the blog owner or editor on social media. Ask to email him a first draft of your blog post idea. Just make sure it's high-quality and 100% original.

Once you've built a reputation, it will be easier to find influencers willing to contribute to your startup's blog. Create a writers'

page of your own or reach out to select influencers individually via social media or email. When the guest post is published, be sure to ping the contributor so she can promote the post to her whole network.

#### Capturing Emails

Email subscription has been mentioned a few times already. Capturing emails can be divided into three categories: email submits, newsletter subscriptions and blog subscriptions. Email submits could come from eBook downloads or similar offers. Newsletter subscriptions are just that: people interested in reading regular updates and content from your startup. Blog subscriptions are straightforward as well.

Email submits and newsletter subscriptions are best managed by tools like MailChimp, which allows you to easily send well-designed custom emails to leads. Blog subscriptions, on the other hand, are best managed by tools like Feedburner, which allows you to automatically notify leads when you published new blog content.

#### Test and Iterate

By now, your marketing strategy is in full motion. Of course, no one gets it perfect on the first try and there's always room for improvement. That's where testing and iteration comes into play. Remember back to the core metrics and definition of success from earlier. Keep those two things in mind here.

#### Setting Up Analytics Tools

The key to measuring success is a great analytics tool. If you need a no-frills solution, check out Google Analytics. It will give you the basics and, over time, you will learn to master the somewhat complicated behind-the-scenes mechanics of it. If you want something more user-friendly and advanced, tools like metrics are always available. Your experience setting up your analytics tool will be different depending on the solution you choose. However, all analytics tools will have you insert a snippet of code on your webpages, which allows them to track visits and events. Be sure to look for analytics tools that are committed to preserve fast load times, like Measurely. Some codes leave visitors waiting for the website to load, which can increase bounce rate dramatically.

#### Measuring Against Benchmarks

Earlier, you recorded your baseline metrics, which you'll use as benchmarks going forward. Ideally, you're measuring week over week and month over month growth. If you make the mistake of waiting for solely month over month data, you could be too late. Each week, compare your core metrics to the week before. Some give and take is normal. Each month, do the same. Here, you should look for consistent growth.

"If you can't measure it, you can't manage it." ~Peter Drucker, Management Consultant

When you see significant growth or decline, be sure to attribute it to some event(s). For example, a tweet that went viral or a newsletter that was a huge disaster. Isolate what you did differently and either replicate it or avoid it going forward. Don't just measure your data – act on it!





Extra content

**Brainstorming Creative New Ideas**

While tweaking what you're already doing is great, coming up with brand new ideas is even better. It's not enough to only iterate and optimize what you've been doing. The most successful startups are always trying creative new things. Maybe a social contest, a funny video, a new online course, a clever PR angle – the list is endless. Many of your new and innovative ideas can easily fail, but the few that succeed will be well worth it. Never get complacent! As a startup, the name of the game is agility, flexibility and thinking forward.

**Best Practices**

What are the industry experts saying? What are the top startups doing? Here are three startup marketing best practices.

**1- Sell the Solution**

Too many startups focus on the problem instead of the solution. It makes sense, of course. Founders design a solution for the problem, which makes the problem a founder's first love. Unfortunately, it's the solution that appeals to potential customers. Realistically, there are hundreds of products that could solve the problem of, for example, low productivity. What makes your solution the perfect choice?

**2- Have a Compelling Story**

Storytelling is a powerful sales tool. Just ask Seth Godin! If you have a compelling story, use it. How did you come up with your solution? Did you struggle in the beginning? Are you still struggling? Use your story to differentiate yourself from the competi-

tion. Startup marketing is all about the customer and establishing an authentic relationship. Having a relatable story to tell is a fast-track.

**3- Use All Your Resources**

Your team is arguably one of your biggest marketing tools. Their passion for what your startup is doing is called evangelism. Use it to your advantage. Send them out into the world excited to tell your startup's story to anyone they meet. But don't stop there. Ride the buzz from a trending topic by writing a blog post on it or creating a video about it. Run a contest around a major holiday to drum up some hype. Be sure you're not overlooking any marketing resources, big or small.

**Conclusion**

Startup marketing is a complex science. Some great ideas have failed due to a lack of media attention and customer awareness. Others have gone under thanks to a poor strategy. Still, other great ideas have spiraled to billion dollar fame! Well, founders everywhere can stop searching for that elusive secret to startup marketing success. It's simply the sweet spot between content marketing and PR.

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# Minimally invasive piezosurgery for a safe placement of blade dental implants in jaws with severe bone loss

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2 Private practice Milano, Italy.

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5 Private practice Trento, Italy

6 Chair in Maxillo Facial Surgery University Tor Vergata of Roma.

7 Director of Maxillo Facial Surgery University Tor Vergata of Roma.

## ABSTRACT

**Aim** Severe atrophies of edentulous jaws require major reconstructive bone surgery in order to allow the placement of root-form implants with standard diameter. These bone augmentation techniques represent the best option reported in the literature, but they are often rejected by patients because of their high economic and biological costs in addition to the possibility of failure in the short and/or long term. In the maxilla regenerative methods (onlay, inlay, and distraction) have high success rates, whereas in the mandible, especially in the distal atrophic area, they are not so predictable.

In such situations an alternative technique for fixed prosthetic rehabilitation is the insertion of platform blade implants, which have their elective indication for atrophic bone ridges with reduced width, owing to their reduced thickness. The aim of this study is to assess the effectiveness of the use of piezoelectric ultrasonic handpieces, in order to simplify the placement of blade implants, making it safer and less traumatic than with conventional surgical procedures.

**Materials and methods** Platform blade implants are extension implant functionally and aesthetically reliable, even if they require a more difficult surgical technique compared with the one currently in use for screw implants.

A minimally invasive procedure by means of piezosurgery that was performed on 142 subjects is presented and a case is reported which highlights the successful results.

**Results and conclusion** The use of piezoelectric ultrasonic handpieces simplifies the surgical procedure for the placement

## TO CITE THIS ARTICLE

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## KEYWORDS

Blade implants; Inferior alveolar nerve; Minimally invasive surgery; Piezosurgery; Posterior mandibular atrophy.

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Introduction

The scientific progress in oral implantology gave rise to enhanced surgical techniques aimed at increasing the volume of atrophic ridges in view of the subsequent placement of implants. These bone regeneration procedures are achieved mainly by means of bone grafts (onlays-inlays) or of distraction osteogenesis (1-7). However, they imply different levels of stress that risk patients can not afford. Furthermore, their outcomes are not enough predictable and complications are numerous (8-18). Consequently, bone regeneration procedures can be performed only in selected cases. In particular, in the lower jaw the use of standard diameter root-form implants often results in problems during insertion owing to insufficient bone volume. Atrophic areas, being generally highly mineralized and poorly vascularized, do not respond positively to the various grafting techniques because of the possibility of failure and their high biological cost. For these reasons, according to EBM (Evidence Based Medicine), these techniques are not sufficiently predictable (19 -22).

An alternative to augmentation techniques in posterior areas of the jaw with severe horizontal and vertical resorption and with bone width less than 3 mm, is offered by the placement of platform or blade implants with reduced thickness.

Blade implant were developed by Linkow and Roberts at the end of the 60s of the last century, when they created an endosseous implant with an all-in-one abutment with a fixture of variable form, for the adaptation in different bone sites. Over the years, Leonard Linkow modified and improved both the shape and the implant surface (23-26).

In 1972 Ugo Pasqualini presented the "polymorphic blade", which is the only implant that can be shaped according to the morphological characteristics of the bone in which it has to be inserted. The polymorphic blade is a one stage implant, structured with an emerging threaded part which prevents that external mechanical stresses (caused by swallowing, tongue and jaw muscles) reach the submerged structures.

In 1972 Ugo Pasqualini wrote: «The best conditions for rapid healing of surgical wounds, unavoidable for the insertion of implants, with bone recovery around, above and through implants themselves, occur only when these have been completely submerged, without communication with the outer site. This is useful not so much to eliminate the dreaded but unlikely risk of microbial contamination, but rather to prevent that the lever arm of the external abutment transfers dangerous mechanical stresses to the inner part, thus subjecting the implant to continuous mobilizations that could affect the achievement of including osteogenesis (that is osseointegration)» (27-30).

	AGE	N. IMPLANTS	5 YEAR SUCCESS RATE	AVG SUCCESS RATE
MALE (59)	51-60	3	94,8	93,4
	61-70	31	93,1	
	>71	21	92,4	
FEMALE (83)	51-60	12	95,3	94,2
	61-70	39	94,6	
	>71	32	92,7	
TOTAL		142	93,8	

**Table 1**

The table summarizes the 142 cases of mandibular distal atrophy treated with blade implants.

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Conventional blade implant insertion is performed in open flap surgery, in order to expose the bone ridge where a sagittal cut is performed for the placement of the submerged part of the blade (minimum bone thickness required is 2 mm). Grooves are made by means of a fissure bur (according to the length of the shank) mounted on a handpiece. They should accommodate all the intraosseous part of the blade. The drilling of the bone requires simultaneous cooling of the surgical site by means of irrigation with saline solution. The blade is manually placed on the groove, and then locked in place by gently hammering it with a mallet. The blade should lie at least 2 mm below the edge of the ridge, in order to be completely covered by bone tissue during the healing period (31-33).

This technique requires considerable surgical skill during groove preparation, the cut has to be very accurate and precise. In order to overcome problems connected to inaccuracy of the operator's hand or unpredictable movements of the patient, Linkow recommended to perform a series of small holes on the cortical surface and subsequently merge them using a fissure bur. We recommend the use of Geyer's cog wheel, which is a low speed contra-angle bur, made of an indented disk 1 mm thick and 5 mm in diameter, which is used to draw a groove along the cortical bone, and then the cut is deepened through the bone with a fissure bur (34-36).

Recently thanks to piezosurgery, the placement of blade implants has become more precise and safer since deeper soft tissues, particularly those inside the mandibular canal, are not traumatized (37-38).


A protocol was devised using an ultrasonic surgery device and, in order to assess its advantages, in terms of selective micrometric, precise and secure cutting, a multicenter study was performed.

### Materials and Methods


In order to assess the procedure, a multicenter study was carried out in five Italian private practices (Busto Arsizio, Milano, Torino, Como, and Trento) on 142 subjects with atrophic edentulous posterior jaw (Table 1), between 2005 and 2008, and the 5 years follow up in 2013. The study was carried out in accordance with the ethical standards specified in the Declaration of Helsinki and written informed consent was obtained from all

participants, prior to their inclusion in the study. Inclusion criteria were the following: atrophic edentulous posterior jaw requiring implant-supported prosthetic rehabilitation.


All subjects were treated following the same surgical procedure, local anesthesia included. Local anaesthesia was performed by injecting a reduced dose (0.90 ml x 1) of articaine 40 mg/ml with adrenaline 1: 100,000 on both sides of the bone crest, or with the use of intraligamentary anaesthesia (Peripress) along the edentulous ridge (39).



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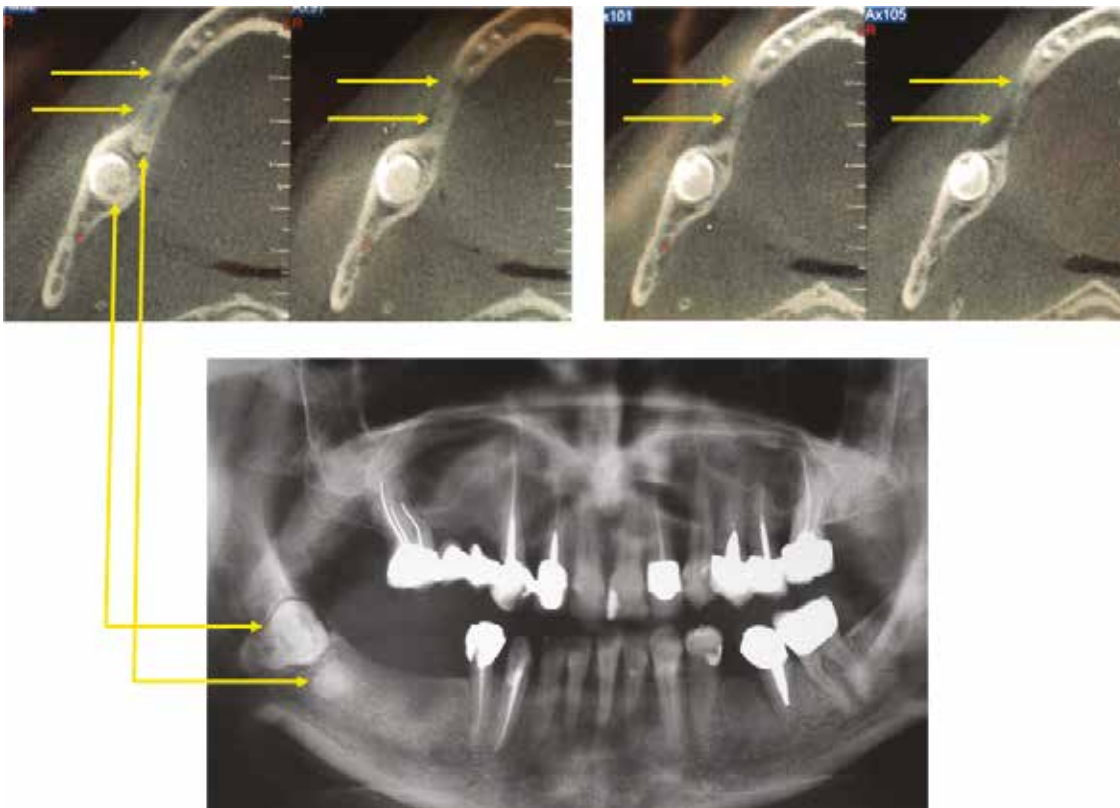



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**Fig.1**

CAT scan series, highlighting the bone atrophy, and the panoramic radiograph. Yellow arrows mark the implant area, the impacted third molar and the ankylosed residual root.

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These topical anesthetics allow to keep a deep sensitivity, which is perceived by the patient even close to the mandibular nerve, and it guarantees the absolute respect of the vascular-nervous structure. Nerve-block anesthesia is absolutely contraindicated even with any other implant technique.

**Surgical procedure**

The flap should be raised on the ridge without vertical incisions, allowing for adequate blood supply to the atrophic bone and direct observation of the entire morphology and topography of bone itself. Once the bone is exposed, the muco-periosteal tissues are dissected with the periosteal elevator and gently folded down. A surgical gap is achieved, using the flat serrated insert (ES071) of the Ultrasonic Bone Surgery unit (Italia Medica Srl; Milano, Italy). After radiographic and anatomic analysis by means of OPT and Cone Beam CT, a blade implant of adequate size is inserted (in the case presented it is 12 mm in length).

The surgical gap should meet the following requirements: equal or slightly longer than the mesio-distal length of the implant selected, a width in the buccal lingual sense slightly narrower than the width of the upper edge of the implant blade (blade's shoulder thickness 1.4 mm, lower edge thickness 0.5 mm), so as to prevent its passive insertion in the furrow but for some millimeters, in order to immediately achieve primary stability, after implant insertion (press-fit). The depth should be equal to the

height of the implant blade, from its lower edge to the basis of the screw abutment. The height of commercially available blades generally varies from 5 to 12 mm (in this case it is 9 mm). The implant blade is inserted into the groove by locking it in place with a special chisel awl; the groove is prepared by means of a special serrated piezosurgery device. The shoulder of the implant must lie at least 2 mm below the edge of the bone crest. The mucosa is then sutured with interrupted sutures (40).

**Post-surgical procedure**

In our multicenter study, polymorphic one-stage blade implants were used with screwable abutments (approved with CE 0301, CE 0476 Single-stage blade, CE 0476 Mini blade, Single-stage double-abutment blade EC 0068/ QCO-DM038-2009, validated in the European Union).

After a period of at least 3 months, healing caps are removed, the final abutments are placed and the prosthetic phase can start. The prosthesis may include a natural tooth when it is not possible to connect the blade with another implant, according to the American Dental Association (ADA) which has established the validity of this procedure (41). It should be noted that in 2013, the FDA (Food and Drug Administration), in the United States, has proposed the requalification of the blade implant, bringing the surgical risk from grade 3 to grade 2 as for all other standard root form implants (42).

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Order No.	541	S835-010	835-012	515.5
Grit	C	M, C	C	C, SC

**Occlusal Reduction / Finishing**

Shape No.	368	368	811	811	909	S858	6055	834
Size (1/10 mm)	018	023	033	037	043	008	018	021
Length (mm)	5.0	5.0	4.2	7.0	1.3	3.0	8.0	6.0
Order No.	280.5	285.5	230	234	863	S1300	ST8	834 021
Grit	F, C, SC	XF, F, C, SC	C, SC	C, SC	C, SC	XF	C, SC	M

**Wheel**

**Needle**

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**Round End Taper**

Shape No.	850	855	856	850	855	S855	856	850	855	856	847	847	847	847	848
Size (1/10 mm)	012	012	014	014	016	016	016	018	018	018	012	014	016	018	023
Length (mm)	11/0.5	7/0.7	8/0.9	10/0.8	7/1.0	7/1.0	8/1.1	10/1.1	7/1.4	9/1.4	9/0.6	9/0.7	9/1.1	8/1.1	10/1.4
Order No.	770.11	771.7	771.8	771.10	772.7	S772.7	772.8	772.10	773.7	773.9	700.9	701.9	702.9	703.8	703.10
Grit	XF, F, M, C	C	M, C	F, M, C	M, C, SC	M, C, SC	F, C, SC	F, M, C, SC	F, M, C, SC	F, M, C, SC	F, C	M, C	M, C, SC	M, C, SC	M, C, SC

**Flat End Taper**

**Turbo FG**

Shape No.	368T	856T	837KRT	850KRT
Size (1/10 mm)	023	018	012	018
Length (mm)	5.0	9.0	8.0	9.0
Order No.	285.5T	773.9T	837KRT012	850KRT018

**Flame**

Shape No.	862	863	862	863	878K	879K
Size (1/10 mm)	012	014	016	018	012	012
Length (mm)	8.0	8.0	8.0	9.0	8.0	10.0
Order No.	260.8	265.8	267.8	270.9	1712.8	1712.10
Grit	XF, M, C	F, C, SC	XF, F, M, C	M, C	M, C	M, C

**Beveled Cylinder**

Shape No.	878	879	878	801	801	801
Size (1/10 mm)	012	012	014	014	018	023
Length (mm)	8.0	10.0	8.0	1.4	1.6	2.3
Order No.	250.8	250.10	251.8	120	125	135
Grit	F, M, C, SC	M, C	M, C	XF, M, C	M, C	F, C

**Round**

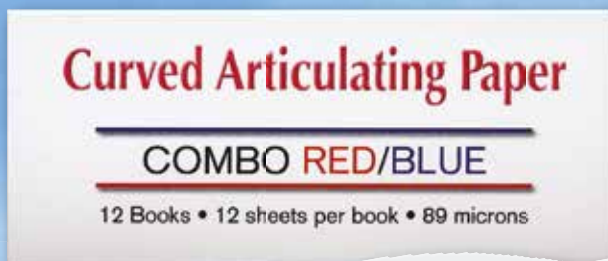
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**Fig. 2** **A** The serrated insert working in depth. **B** Profile of the polymorphic blade with Pasqualini's screw abutment, just inserted. **C** Osteotomy with the correct insertion of the implant.



**Fig. 3** **A** The definitive prosthesis in gold and porcelain. **B** Final radiographic control (2008).



**Fig. 4** Soft tissues and the X-ray evidence the success of the implant prosthetic rehabilitation with blade and natural teeth after 5 years (2013).



## Case Report

Here we report the case of a 46 years old female patient with severe atrophy of the right mandible. CAT (computerised axial tomography) highlighted the severe atrophy of the edentulous area with the presence of an impacted third molar and an ankylosed residual root, which was asymptomatic and kept in situ according to the wish of the patient (Fig. 1). After the millimetric controls for the choice of the fittest polymorphous blade for the specific site and having exposed the ridge bone into plain sight, osteotomy was performed using exclusively the specific insert ES071 applied to the piezoelectric handpiece for ultrasonic surgery (Fig. 2).

This surgical technique allowed a selective micrometric, precise and secure cutting (Fig. 3), ensuring a good view of the operative field, furthermore the healing of the bone and soft tissue occurred without any complications and with minimal pain.

After a healing period of three months, enough for the complete achievement of osseointegration, the prosthetic rehabilitation was started, which included two natural teeth, that had previously undergone endodontic treatment (Fig. 4).

At the 5-year follow-up, periodontal and peri-implant soft tissues health was assessed, as a result of the periodic check ups and the adequate hygiene, and a stable occlusal harmony was achieved (Fig. 5, 6).

## Discussion And Conclusion

Blade implants are part of the evolution of prosthetic implants started in the late 60's with its maximum development in the 70's, during which blade implants were modified and improved, playing for a certain period the role of the most widely used implant system in the world. With the advent of root form implants, blades went into gradual disuse: only a few operators still use this technique, which is the elective procedure in terms of success and reliability in the rehabilitations of atrophic edentulous distal areas of the mandible, without discrediting the insertion techniques used for biphasic implants. This elective use, however, does not exclude the excellent behavior of blade implants in areas with severe deficiency of bone thickness in the upper jaw (43-45).

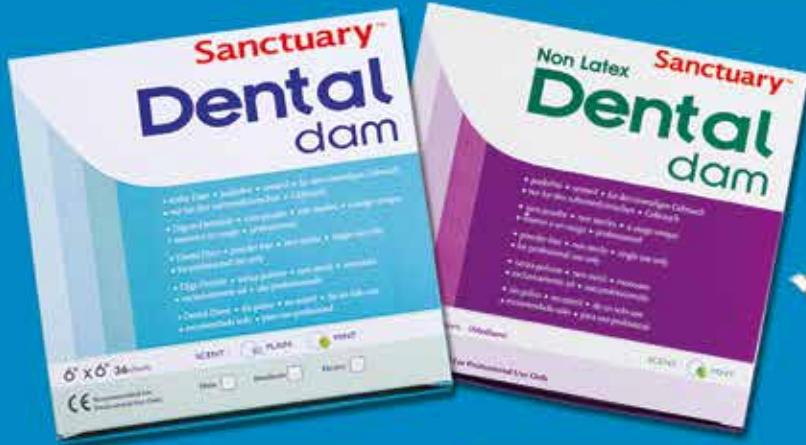
The conventional surgical technique still is a complex procedure where the slightest mistake inevitably leads to failure. Most blade implant failures reported in the

literature are in fact related to the surgeon's inadequate skill in performing the technique. Indeed, it requires strict patient selection and adherence to its crucial steps.

When properly used, blade implants can be very successful in atrophic conditions with reduced thickness, for which they were in fact originally devised (46, 47).

These difficulties are greatly reduced by piezosurgery, which results in: less invasive procedures, micrometric and selective cuts are more easily performed, advantages determined by the cavitation effect, extreme precision and safety with respect of the soft tissues, in particular the vascular-nervous components, re-

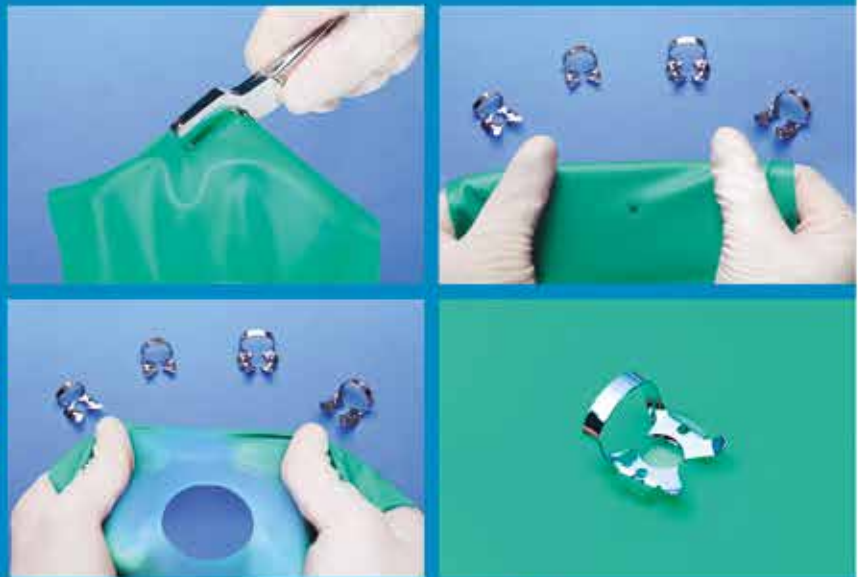
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duced tissue heating, provided that the serrated insert is gently pressed and abundant irrigation with saline solution is supplied. Moreover, clear view of the surgical field, reduced rehabilitation time, pain reduction are also provided. As drawbacks, there are extended surgical times, which need sensitiveness and patience from both the surgeon and the patient. However, the increased working comfort amply compensates for the extended surgical time.

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# Influence of keratinized tissue on spontaneous exposure of submerged implants: classification and clinical observations

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## ABSTRACT

**Aim** The reasons for spontaneous early exposure (SEE) of dental implants during healing have not been established yet. The objective of this study was to assess whether the width of keratinized tissue (KT) and other site-related conditions could be associated with implants' SEE.

**Materials and methods** Data from 500 implants placed in 138 non-smoking patients, between September 2009 and June 2010, were evaluated. Implants were submerged and allowed to heal for 3 to 6 months. At baseline, the following conditions were documented: the presence of keratinized tissue width > 2 mm; the type of implant site (i.e. fresh extraction socket or edentulous alveolar ridge); concomitant use of guided tissue regeneration. During the healing period, the occurrence of partial or total implants SEE was recorded; thus, a mixed-effects logistic regression analysis was performed to investigate the association between implant site conditions and implant exposure.

**Results and conclusion** One hundred and eighty-five implants (37.0%) remained submerged after healing and were classified as Class I, whereas 215 (43.0%) showed partial spontaneous early exposure (SEE) at the first week after implant placement (Class II), and 100 implants (20.0%) developed more extensive exposures (Class III). The variables, baseline width of KT ( $p = 0.18$ ), fresh extraction socket ( $p = 0.88$ ) and guided tissue regeneration (GTR) plus bone substitutes ( $p = 0.42$ ), were not found to be correlated with implants' SEE, with an odds ratio (OR) of 1.29 (95% confidence interval: -0.12–0.63), 1.03 (95% confidence interval: -0.46–0.53) and 1.22 (95% confidence interval: -0.29–0.68), respectively.

**Conclusion** It was not possible to establish an association between SEE and some implant-related factors; therefore, further investigations focused on the reasons associated to implants' SEE are needed.

## TO CITE THIS ARTICLE

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## KEYWORDS

Dental implants; Guided tissue regeneration; Implants exposure classification; Keratinized tissue width.

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## O Introduction

Osseointegration is defined as the achievement of a direct bone deposition on dental implant surfaces at the light microscopic level (1). Due to their biocompatible nature, titanium dental implants have been used as a feasible option in the treatment of completely or partially edentulous patients (1, 2). It has been demonstrated that the installation of dental implants may be performed according to one-stage or two-stage protocols (1-6). With respect to the latter, the placement is performed according to the manufacturer's recommendations in order to allow healing (i.e. osseointegration of the implant) in a submerged manner.

However, spontaneous early exposure (SEE) of implants during the osseointegration phase may occur (7). Such an unexpected outcome is not desirable, as the patients may not be able to perform an adequate hygiene of the implant site. Partial implants'

SEE can create a focus for dental biofilm accumulation, leading to an inflammatory response of the tissues (7). It is well established that the formation of biofilm and the succeeding growth and metabolism of bacteria on the peri-implant sulcus are the key triggers for the initiation of inflammatory lesions in the adjacent mucosa (8-10), as well as peri-implant infection, marginal bone loss, and loss of osseointegration (11-13).

It has been suggested that the presence of a width of keratinized tissue (KT) > 2 mm may allow improved gingival health when the implants are installed (14,15). Moreover, it should be considered that when KT is present in the area where a dental implant is placed, it could help protecting the implant from masticatory trauma, infections and peri-implant bone loss during healing (7,15). Thus, the objective of this study was to assess the influence of predictive factors, like the width of KT, and other site related conditions, such as implant placement in a fresh extraction socket and guided tissue regeneration plus bone substitutes, on implants' SEE.

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## Material and methods

### Study population

The dental records of 138 (287 male and 213 female) healthy, non-smoking patients (30 to 60 years) who attended the dental implants clinic of the university (San Martin de Porres University, Lima, Peru) between

September 2009 and June 2010 were reviewed. These subjects were selected among patients who were referred for treatment at the university and had received at least one dental implant (range 1 to 11). The areas selected for implant treatment were fresh extraction sockets or edentulous alveolar ridges. All patients who met these criteria were included. Patients with a history of repeated abscess formation, a known systemic disease (e.g., acquired immunodeficiency syndrome, uncontrolled diabetes mellitus, or other established medical risk factors for periodontal disease), or poor hygiene levels were not included in the study. The study protocol was approved by the San Martin de Porres University (Lima, Peru) Ethics on Research Board, in accordance with the Helsinki Declaration of 1975, as revised in 2000, and all subjects signed an informed consent form.

### Implants placement

A total of 500 external hex dental implants (Restore® Lifecore Biomedical, Chasca, USA), after a healing period of 3 to 6 months, were evaluated. Following initial examination, maxillary and mandibular casts were obtained and temporary removable partial dentures (e.g. flippers) were fabricated. All patients received detailed information about the planned treatment and underwent oral hygiene instruction; moreover, full-mouth supragingival prophylaxis and/or subgingival scaling of natural teeth were indicated. Following these procedures, patients underwent implants placement following the manufacturer's recommendation (i.e. placed at the level of the crestal bone), and osseointegration was allowed in a submerged manner for three (mandible) or six months (maxilla).

Fresh extraction sites were completely covered by coronally advanced flaps, as well as bone grafts were used when the distance between the socket walls and the implant surface was > 2 mm. Additionally, after sutures removal (eight days after surgery) temporary removable partial dentures were delivered and adequately fitted to protect the implant sites.

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**Fig. 1** Class I (implant not exposed).



**Fig. 2** Class II (includes different degrees of partial exposure).

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### Outcome measures

Immediately, after implant placement, the width of keratinized tissue (as the distance from the top of the submerged implant to the mucogingival junction) was recorded by two examiners (G.M. and J.D.R.) using a PC-UNC 15 style periodontal probe (intra-class correlation within and between examiners > 0.90). The measurements were rounded to the nearest 0.5 mm. After implants installation, the following characteristics were also recorded:

- 1) type of implant site (i.e. fresh extraction socket or edentulous alveolar ridge);
- 2) concomitant use of guided tissue regeneration associated with bone substitutes (i.e. xenografts);
- 3) occurrence of partial or total implants' SEE during the healing period (from implants' installation to sutures removal).

### Classification of SEE

Spontaneous exposure of implants during the healing period was classified into the following three categories:

> Class I, implants remained covered until the second stage surgery (Fig. 1);

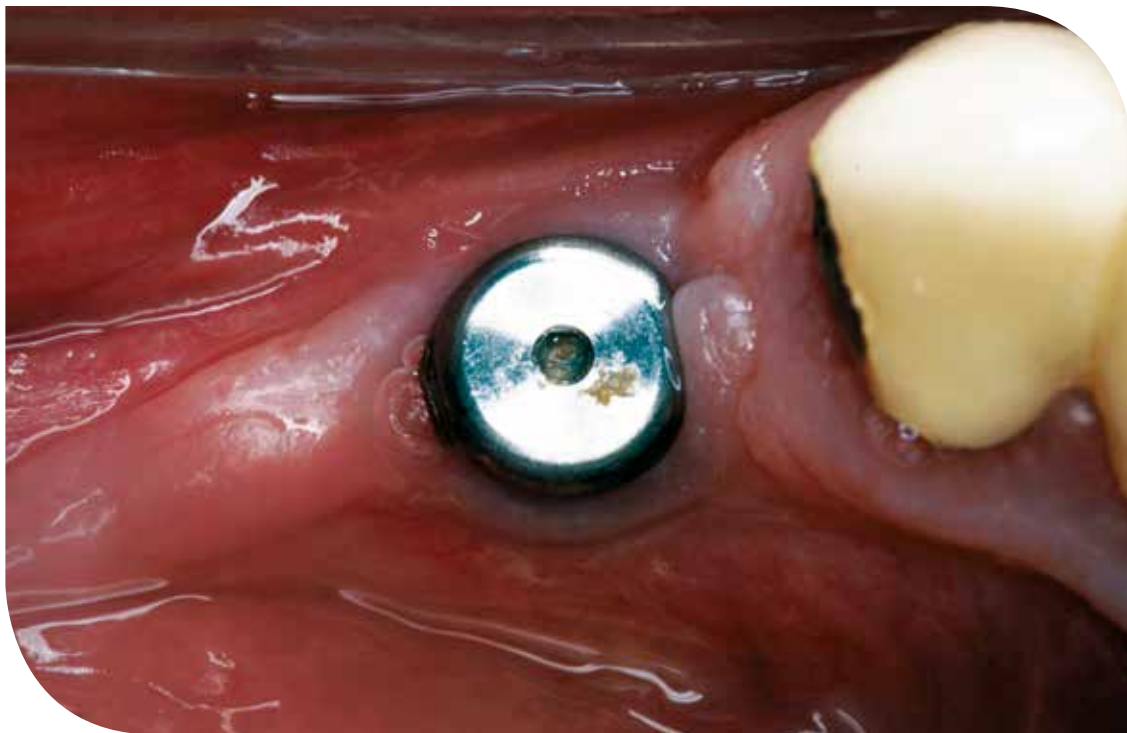
> Class II, implants were partially exposed, independently to the degree of partial exposure of the cover screw, to the oral environment before the second stage surgery (Fig. 2);

> Class III, implants were completely exposed and a second stage surgical procedure for the placement

of the healing screw was not necessary (Fig. 3). Statistical analysis

### Statistical analysis

The number and percentages of implants classified according to the different classes were used to synthesize collected data. A mixed-model logistic regression analysis was performed to investigate the association between baseline width of KT, as well as the type of implant site (i.e. alveolar ridge or fresh



**Fig. 1** Class III (implant completely exposed).



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extraction socket) and the use of GTR plus bone substitutes, with implants` SEE. Thus, such a version of logistic regression was chosen to appropriately account for clustered data. The binary dependent variable was the occurrence of partial or total implant exposure during osseointegration, in order to assess potential factors that might identify the implant sites that were more likely to experience SEE. The Estimated Mixed- Effects Logistic Regression Model was based on the following formula: Model For Implant\_exposure = N [-2.13884315408148 + 3.69797024563258E02\*(fresh\_extraction\_socket="Y")+199304493013437\* (guided\_tissue\_regeneration="Y")254808035344482\*(initial\_keratinized\_tissue\_width="Y")]. Moreover, an odds ratio (OR) with a 95% confidence limit was calculated. A significance level for rejection of the null hypotheses was set at  $\alpha = 0.05$ . The analysis was performed using a software package (NCSS 2007, Number Cruncher Statistical System, Kaysville, UT, USA).

### Results

Of the 500 implants included in the study, 185 (37.0%) remained unexposed at the end of the healing period, and were classified as Class I, 215 (43.0%) presented partial SEE (Class II) and 100 (20.0%) showed complete SEE (Class III). In a follow-up of 3 years only 3 implants were lost; thus, the implant survival rate was 99.4%. The results of the logistic regression analysis are shown in Table 1. The variables were not found to be correlated with implants` SEE, with an odds ratio (OR) of 1.29 (95% confidence interval [CI]: -0.12–0.63) for baseline width of KT ( $p = 0.18$ ), 1.03 (95% CI: -0.46–0.53) for fresh extraction socket ( $p = 0.88$ ) and 1.22 (95% CI: -0.29– 0.68) GTR plus bone substitutes ( $p = 0.42$ ).

### Discussion

In this case series, almost half of the inserted dental implants (63.0%) showed partial SEE during the healing period. This is in line with a study conducted by Tal (7) in 1999, who identified possible potential risk factors associated with implants` SEE. In the present study, the influence of site-based independent variables (i.e. width of KT, type of implant site and use of GTR plus bone substitutes) was estimated with logistic regression analysis, but none of them showed statistically significant correlation ( $p > 0.05$ ).

With respect to the high rate of SEE reported in the present study, it could be argued that such an outcome could be linked to some factors, such as the quality of the suture, flap tension and use of releasing flaps to cover implants. The natural contraction of the flap during healing should be taken into consideration (16-18). Also, it is well established that successful tissue flap coverage includes lack of flap tension, as well as complete approximation of wound margins for the correct establishment of an adequate blood supply in order to maintain wound closure and allow primary wound healing (16-18).

Submerged implants protocols assume that implants have to remain covered during osseointegration. Functional difficulties as well as loss of coronal bone support, when implants are exposed in the initial healing period, have been described (7), and, in addition, it was demonstrated that implants that remained covered or totally exposed during the healing process undergo less bone loss. As this correlation has not been studied before and correct clinical decisions during the healing process could prevent inflammation and plaque ac-

**Table 1**  
Multivariable mixed-effects logistic regression analysis estimating the association between implant exposure and implant site characteristics.  
OR: odds ratio CI: confidence interval S.E= standard Error, Z= value calculated by logistic regression model

	OR	SE	Z	P> Z	95%CI
FRESH EXTRACTION SOCKET	1.03	0.25	0.14	0.88	-0.46 0.53
GUIDED TISSUE REGENERATION	1.22	0.25	0.79	0.42	-0.29 0.68
BASELINE KERATINEZ TISSUE	1.29	0.19	1.33	0.18	-0.12 0.63

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cumulation, the present study proposes a new classification to help the clinician to choose the best option. It is important to highlight that another important clinical aspect for peri-implant soft tissue integration is the amount of KT (14,15). From a clinical point of view, implants placed in areas of KT width < 2 mm and with a "thinner periodontal biotype" may experience greater SEE. In this study, the logistic regression analysis failed to support the first assumption. In contrast, Bouri et al. (19) reported association between narrow zones of KT and alveolar bone loss around dental implants. Similarly, Crespi et al. (20) reported that in their study narrow zones of KT are less resistant to inflammation and may stimulate apical migration of gingival tissues, inducing marginal recessions.

Even though, the use of osseointegrated dental implants has become a gold standard procedure for the replacement of teeth lost by for several reasons (21), dental plaque formation and the subsequent accumulation and metabolism of bacteria on these surfaces is the main trigger for the induction of inflammatory lesions in the adjacent mucosa (8, 13, 22). Therefore, it is also worthwhile to highlight the importance of post surgical plaque control and regular follow up during the healing period (9, 13). Quite often patients with SEE do not follow a regular follow up and show an inadequate dental biofilm control, when they come back for the surgical re-opening of implants. Thus, these factors may have contributed to SEE, as well.

Furthermore, if an implant is partially exposed, it should be fully exposed to avoid biofilm accumulation. Given the case series study design limitations, the results of this study are not externally valid. Also, other implant-related sites, that were not included in the statistical model of this retrospective assessment, should have been taken into consideration, such as the presence of teeth adjacent to the implant sites and measurements on the depth (thickness) of the keratinized tissue. For instance, single implant sites with intact teeth on either side would undergo less trauma than multiple implants without the protection of nearby teeth. With respect to the KT thickness, this might be more important than the width, since it seems logical that thick tissues would resist to SEE better than thin periodontal biotype tissue. However, both conditions were not recorded at the time of implants' placement.

Additionally, it could be argued that the present findings may be considered of low clinical significance, given that modern procedures in implant dentistry are mainly based on non-submerged approaches. Despite the absence of strong associations between absence/ presence of keratinized mucosa and peri-implant health, it is recommended to maximize efforts to preserve existing keratinized mucosa during the treatment procedures. There is a lack of evidence supporting the concept that grafting procedures aiming at increasing the amount of keratinized mucosa improve outcomes of implant therapy.

## Conclusion

Within the limitations of this case series study, it can be concluded that implants' SEE is a common outcome during the period of osseointegration of two-stage implant approaches; however, a direct association with precise risk factors could not be established, thus, further researches are needed on this field.

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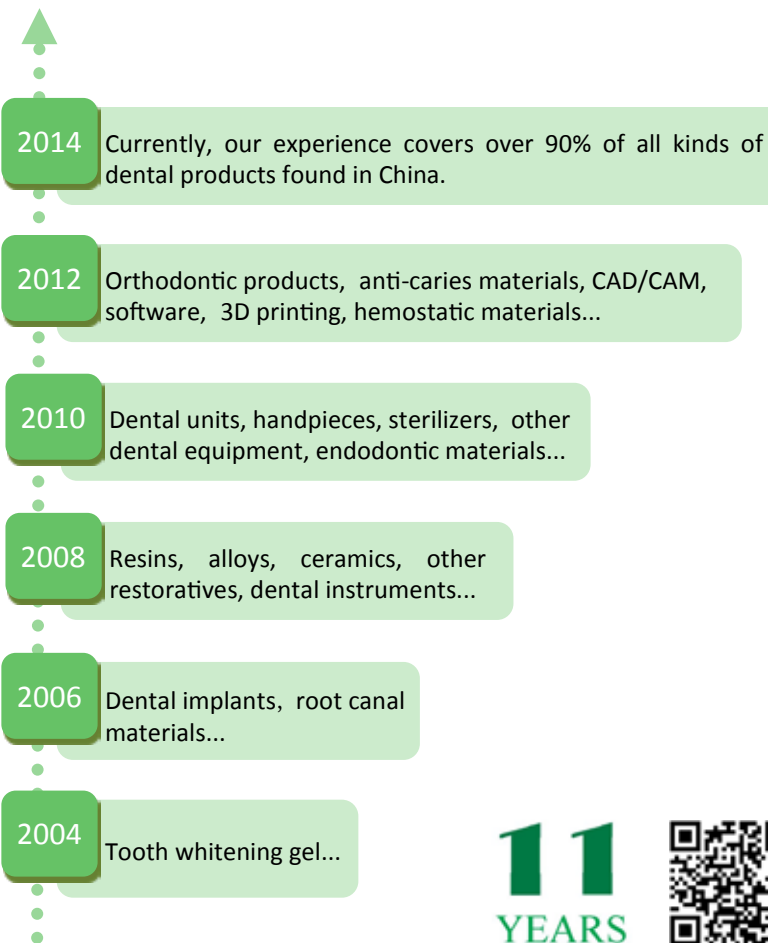
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Medesy manufactures a wide range of instruments easily covering all the dentistry specialties. To facilitate everyday tasks of the professionals the company also selects the most suitable instruments for each discipline and presents them organized in ergonomic trays. Here below some examples of these kits Gammaxif, the new range of sterilization trays ensuring a perfectly safe cleaning and sterilization process.

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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. The stainless steel instruments may contaminate the titanium made implants while plastic instruments do not fully remove the failing tissues around the implant. Hence the need of using instruments made of Titanium, the unique solution for a real efficient and fully safe handling on and close to the implants sites. Blue colour for a simple and fast identification of titanium tips.

Medesy Peri-Implantitis Kit is composed by: 4 Titanium curettes Gracey "short type", Titanium 4R/4L Columbia curettes, Titanium scaler H6-H7, Probe CPI5 with titanium marks, Tray Gammafix (kit code: 1671/3)



### • New Rubber Dam Instruments:

New **clamps**, superior quality in all details and a longer endurance to stress

- Superior Quality Stainless Steel ensuring Long Life High Elasticity
- Universal anchoring holes, compatible with any type of clamp forceps
- Bevelled edges for more comfort.
- Standard finish or Satin with Anti-Reflection treatment to increase visibility and better suited for dental photography.
- Available in different types, dimensions and shapes.

**Dental Dams** are used in dentistry to isolate the tooth being treated in order to reduce the risks of contamination and to maintain the operative field clean, dry and protected from blood or saliva.

- **Powder Free:** Medesy dental dams are specifically treated to reduce the content of latex protein and to minimize the risk of skin allergies.

Improves the visibility of the tooth under treatment reducing the risk of accidentally cutting the patient's tongue or lips.

- Protects the patient's airway from any materials which may fall into it during treatment.

### The Content Can Be Customized Upon Request

- Rubber Dam Punch
- Clamps Plier
- Rubber Dam Frame (Adult and Child)
- Up to 12 Clamps assorted and chosen from each of the 5 categories: anteriors, premolars, molars, upper molars and lower molars (kit code: 1675/10)



### • Bone Management Kit

Bone Management Kit with high quality instruments of latest generation engineered for accurate and less traumatic treatment of the bone during implant surgery.

The kit includes : double-ended Sinus Lift instruments with rounded non-perforating tips, some of them finished with a special titanium coating. Light chisels with laser made depth markings assembled on 6 Ø handles and heavier chisels on 10 mm Ø handles ensuring optimal and precise performance. The original New Medesy mallet assembled on the lathe-knurled double handle which offers a light as well as steady grip. A finely designed Bone Rongeur for trimming of fibrous tissue or small bony spicules (kit code: 1350/kit)

### • Ortho Advanced Kit

The kit includes the most common basic pliers and instruments for performing an orthodontic treatment. All pliers Medesy of the Century Line, some of the main features:

- Finely manufactured through a sophisticated handcrafted BOX-JOINT system which provides higher stability to the pliers, ensures safer use, longer duration and preserves the tips perfectly aligned
- Note the new neat Rhombus design for MEDESY'S distal ends: a lighter and thinner shape for optimal performance
- TC inserts on cutters and on distal ends obtained by using the most advanced electro-welding technological processes
- A special glass-microspheres surface treatment adds an anti-glare and elegant finishing to the instrument





The kit includes also a ligature director, band pusher, elastic ligature applicator and a bracket tweezers all perfectly arranged in a Gam-mafix tray. Excellent for Orthodontics specialists (kit code: 1680/2)

- **Ceramic sculpturing kit**

Special sets of ceramic sculpturing instruments assembled on extremely light handles, anodized in three different colours. The tips available as "flexible" or "super flexible" are interchangeable according to the specific need. The tips have different shapes: gingival blade, incisor blade and knife blade (kit code: 575/SET)

- **new line of needle holders**

Medesy new line of needle holders, a range of superior instruments specifically conceived to provide our customers and dental experts only uncompromising quality and perfection in all the details:

- New kind of steel, whose special chemical composition makes it more suitable for medical purposes.
- Total resistance to the aggression of oxidants.
- New tempering process which reaches a hardness of 46-48 Rockwell degrees.
- The TC inserts are more resistant and applied by means of a special welding which ensures a longer endurance.
- New locking system MED-LOCK which guarantees the highest endurance and stability

The new line of needle holders has been conceived and realized to last longer and to offer you a superior performance even after prolonged utilization.

Constant investments in research, in new machineries and an accurate selection of the materials are the guidelines which allow MEDESYS to be successfully on the market: Medesy specific R&D department focuses on how to facilitate the daily tasks of dental practitioners and works in **close cooperation with university centres** with the purpose of **developing new instruments and testing new materials**. Here are just few examples of Medesy investments on research and innovation:



- **handle for interchangeable micro scalpel blades and micro mirrors entirely made in pure titanium:** this scalpel handle is available in stainless steel and titanium, which can be produced only by means of technologically advanced machineries; its new ergonomic design is specifically conceived to guarantee the utmost comfort and safest handling. The handle can be used as scalpel handle but also for micro mirrors, which are available in three different shapes for all needs: round, squared and pointed, with a flat and thin bendable stem, entirely made in stainless steel, (item code: 3638)

- **hi-tech scissors**, which are not forged but laser cut from a special stainless steel, which grants high sharpening standards and 56 HRC and then hand-finished. Available in both straight and curved version (item code: 3585)

- **the 180° adjustable scalpel handle** allows to adjust the scalpel blade in 7 different positions and the new revolutionary blocking system guarantees an extremely accurate precision; it's specially designed and produced with the finest stainless steel, it is available in a 11 cm version and a longer one of 16 cm. The handle of 10 mm Ø ensures a safer grip and excellent comfort (item code: 3637)



- **Exomed**

The most recent and remarkable innovation is **Exomed™** an instrument which allows the extraction of teeth and roots **with minimal trauma**, a patented device revolutionary for the huge advantages and benefits which no other extraction technique can offer today.

Exomed has been tested by dentists and professors of various international universities and the feedback has been unanimous everywhere: Exomed is a real breakthrough (item code: 7500/SET)

- **new periostome**

- Handle with 4 interchangeable blades, for atraumatic extraction of teeth with minimal damage to the surrounding alveolar bone.

- Thanks to the sharp and delicate blades, the marginal gingiva and periodontal ligament can be carefully detached.

- Its use is particularly important when considering dental implants.

Technical innovations:

- Innovative design "DALILA" handle, specially designed to ensure fast cleaning, easier sterilization and a more comfortable and secure grip

- Special locking air-tight mechanism

- A new holding system for the blade ensures maximum stability (item code: 868/KIT)

**EXOMED™**  
SIMPLY NO STRESS.



Exomed Kit

**MEDESYS**  
Engineering



Today **more than 3.000 instruments**, some of them covered by an international patent, are successfully on the market proving that **Medesy commitment on innovation** is the right formula to better fulfil the needs of modern dentistry.

The entire Medesy team takes pleasure in looking after all its customers with a personalized attention and punctual pre and post sales-service.

Our know-how, expertise and above a deep passion for our instruments are at your full service to provide you just with the Best. Always. Everywhere.

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Nowadays the professional uniforms have become part of the dental equipment in any laboratory and clinic. The rhythm of work developed to a point that nobody could suspect a few years ago. Therefore more attention is put on every detail.

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# Torque delivery in the early stage of the treatment: now is possible with this innovative archwire

**Author:** Dr. Vittorio Gaveglia, DDS, Master in orthodontics.  
Orthodontist in Rome, Formia.

## Foreword:

The tooth movement is carried out for activation of a complex biological system, which starts after the delivery of light and continuous forces in a range between 6 and 250 grams. The delicate balance, mediated by the periodontal ligament, between osteoclasts that resorb bone in the compression area and balanced by osteoblasts that form new bone in the opposite area subjected to traction, determines the movement of the dental element, protecting the integrity of the alveolus. The "engine" that deliver the required force to move the tooth is, therefore, the orthodontic archwire. Its features – material, size and shape – significantly affect the biological and biomechanical effects, and the forces applied during the stages of treatment are fundamental for the effectiveness of the therapy itself.

## The problem:

The current Straight-Wire prescriptions recommend an archwires sequence, in which the first archwire is always round - typically NiTi Thermal - and the force generated, activates the tooth movement mechanism, while the subsequent archwires are often rectangular. In the first stage, however, the system archwire-brackets delivers only two of the necessary information (Tip and Alignment), creating a tilt of the crowns buccally, often excessive, and reducing the level of cortical bone marginal. With the further archwires, are then transmitted on the tooth the torque values in built into the brackets.

## The solution:

By placing a rectangular archwire since from the initial stage of leveling and alignment, the phenomenon of excessive flaring is reduced significantly, preserving the marginal bone and speeding the therapy due to the reduced number of clinical stages. The characteristics in terms of strength and elasticity of the archwire used, however, must be compatible to the specific therapeutic

stage: forces long lasting and very light – so not traumatic – that are able to move the crown as well as the root at one time. In the presented clinical case we have used the innovative archwire – called i-arch and engineered by SIA Orthodontic Manufacturer –, whose main features are: sizes of the two sections inverted compared to conventional archwires available on the market; very light forces (23kg), especially in the initial stage of the treatment; ease to use thanks to the reduced number of archwires for each orthodontic treatment (3 only).

In the presented case, we have considered only the upper arch that shows a moderate crowding with high canines and the group of anteriors with torque values almost correct (see. Images 1/2/3/4). We have decided to start the therapy on the upper arch only, in order to have the reference points of the occlusion with lower arch.

We used Roth 0,018" bracket and 0,016"x0,014" archwire that, as you can see, even if rectangular can be easily inserted into the brackets

Four months later the start of the therapy we found the arch aligned and leveled, with incisors in the correct position, and presumably we have also given torque to the roots of the teeth already in this primary stage. (cfr. 5/6/7/8 images)

As can be seen (see. images 3/7) there wasn't any increase of the overjet, that means we didn't have the flaring of the anteriors, which is almost normal instead when using the round archwire as first arch.

Furthermore, in this way, we eliminate all those parasites movements that we would have with the traditional approach, therefore many procedures that would have been necessary to recover the anchorage, such as Lace-back, Tie-back now are no longer necessary, simplifying the clinical protocol

## Therapy start



## Four Months After







The treatment will continue with the bonding of the lower arch using the same archwires sequence, below indicated:

- 1) I-Arch 0.016"×0,014" (Thermal) as the first archwire for leveling and alignment and preliminary torque delivery.
- 2) I-Arch 0.018"×0,014" (Superelastic) as the second archwire for completing the torque delivery, the form of

the arch and the sliding mechanics.

- 3) I-Arch 0.016"×0,016" (Beta Titanium) as a final archwire for complete arch form, inter-arch dynamics and the and stabilization of the results obtained.

## Conclusions

I-Arch is a system of archwires that allows to obtain several clinical advantages, among which: proper biological action with application of light forces, reduction of unwished forces, reduction of treatment times.

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# A Small gadget that makes your job easy and fast

### Authors:

**Dr. Giovanna Perrotti** Spec.in ortognatodonzia Resp. Reparto Ortodonzia IRCSS Istituto Ortopedico Galeazzi-Milano Direttore prof R.Weinstein.  
**Dott. Laura Zappia**, orthodontist

When we face a problem of crowding with lack of space in the arch for the eruption of a tooth, it is possible to treat it by using those mechanical proper for spaces opening. With edgewise prescription, this was achieved by manually creating complex bends on the archwire (Pict. 1). Currently, thanks to new straight wire prescriptions, these mechanics have been significantly simplified.

When, during the treatment, it is possible to apply a stainless steel 0,018" or 0,020" archwire (to balance the unwished effects of the sliding mechanics), a NiTi open spring in the archwire can be used, slightly compressed (or slightly wider than the space between the two teeth where it is inserted: it needs placing from the mesial side of the tie-wing of the distal tooth to the space to create, up to the mesial side of the tie-wing of the mesial tooth to the space to create, so that the space of the coils is reduced). The Niti shape memory allows the spring to return to its original size, to obtain the desired space in the arch.

The advantage of using such a device is given by its features, that allow tooth movement delivering a continuous and light force, with good control of its activation and with reference to while respecting the periodontal structures. Once the spring has completely delivered its force on the teeth, it will be returned to its original size. If the space still is not enough, it is possible to replace the spring, with another of greater length, so that in the insertion on the arch can be properly compressed.

Nowadays there is also an additional solution to further simplify the activation of open springs: ACTIVA – The Spring Activator®. This is a device made of metal, to be inserted on the wire in between the bracket and the spring no longer active, in order to compress it again (Pic. 2).

We have applied an ACTIVA-Spring Activator® of (2 mm) for the activation of the open springs on 2 patients. Without the need to take out the archwire and the use of a new spring, it is possible to reactivate the existing spring in a controlled manner, selecting the thickness of the activator (available in 3 sizes, 1mm/1,5mm/2mm).

### ADVANTAGES:

- Chair time reduction.
- Precise control of the activation according to the therapy needs.
- Material saving due to the possibility of continuing to use the same spring.
- Easy to use.



**Pic. 1:** Patient in II class molar and canine. Bonded before spring insertion

**Pic. 2:** Spring inserted and reactivated by using ACTIVA – Spring Activator®. The space between tooth 5 and 3 has been increased in order to have the tooth 4 in place and consequently the anterior teeth.

# First Impressions

Dr. Freedman offers a brief summary of new and exciting products and technologies in dentistry, based upon his clinical experience"

George Freedman, DDS, FAACD, FIADFE, FASDA



**Dr. George Freedman** is a founder and past president of the American Academy of Cosmetic Dentistry and a founder of the Canadian Academy for Esthetic Dentistry. His most recent textbook, "Contemporary Esthetic Dentistry" is published by Elsevier and he is Visiting Professor, BPP University, London, UK, MCLinDent Programme in Restorative and Cosmetic Dentistry, and Università di Firenze, Florence Italy. He is a past director of CE programs in Esthetic Dentistry at the

Universities of California at San Francisco, Florida, SUNY Buffalo, UMKC, Minnesota, Baylor College and Case Western Reserve, Tufts, Eastman Dental Center (Rochester and London), Catholic University in Seoul,

South Korea and was the founding Associate Director of the Esthetic Dentistry Education Center at the State University of New York at Buffalo. Dr. Freedman is the author or co-author of 12 textbooks, more than 700 dental articles, and numerous webinars, CDs, videos and audios and is a Team Member of REALITY. He has been listed as one of the leaders in Continuing Education by Dentistry Today every year since 1997. Dr. Freedman is the Materials Editor for Dentistry Today, Editor in Chief for Dental Tribune, and is on the Editorial Board of Oral Health and Dental Asia. A Diplomate of the American Board of Aesthetic Dentistry, he lectures internationally on dental esthetics, adhesion, desensitization, composites, impression materials and porcelain veneers and has been a featured / keynote speaker at many major national and international dental conferences. Dr. Freedman maintains a private practice limited to Esthetic Dentistry in Toronto, Canada. He can be reached at epdot@rogers.com or at +1 905 513 9191.

## Waterpik Ultra Water Flosser Waterpik Oral Health

The importance of patient home oral care is self-evident; without effective home care, overall oral health declines, the supporting soft and hard tissues weaken, and tooth structures deteriorate. The same applies to dental restorations and reconstruction, both functional and esthetic. If the patient cannot control their plaque and calculus unsupervised at home, the best efforts of the dentist are bound to fail. Routine maintenance is essential, but patients are not always as compliant as they should be. It is the practitioner's responsibility to educate the patient in hygiene methods that are effective and patient-friendly, as well, ensuring continued utilization. Waterpik has recently introduced their Ultra Water Flosser system, comprising of the Water Flosser with the Classic Jet, Orthodontic, Plaque Seeker, Pik Pocket, and Water Flosser Toothbrush Tips. The Water Flosser is an easier, and more patient-friendly, advanced alternative to string flossing that offers variable pulse pressure control and a reservoir capacity of almost 2 minutes. Water flossing leaves the mouth feeling cleaner and fresher, encouraging more regular and effective home care compliance. The extensive range of practical pulse tips allow the dentist to customize the patient's home care efforts. Clinically proven to remove plaque biofilm, reduce inflammation, and decrease gingival bleeding, the Water Flosser has been shown to eliminate 99.9% of the plaque in a 3 second application; this is particularly important in the interproximal and subgingival areas. Water flossing massages and stimulated the gingival tissues to enhance circulation, making the soft tissues more healthy. The Waterpik Ultra Water Flosser is a comprehensive, easy and pleasant-to-use, and clinically proven solution to the problem of oral home-care maintenance.

waterpik  
waterflosser™



## Wolf Black Label Dental Savings Club

The introduction of high-speed handpieces, less than 60 years ago, changed the practice of dentistry. They made modern dental practice effective, efficient, and accessible. When used together with local anesthesia, high-speed handpieces made dental treatment more comfortable and acceptable to the mainstream population. The increased level of care has made it possible to maintain the repaired natural dentition for a lifetime. Dental Savings Club, a leading North American company, has recently introduced the innovative Wolf Black Label high-speed handpiece, a superior quality instrument with an impressive 2 year warranty. Its advanced design offers excellent ergonomic balance and user comfort, diminishing manual fatigue at the end of the working day. Available in both Medium and Mini heads, the Wolf Black Label's 21 Watts of power provide maximum cutting power. The highly secured bur concentricity delivers exceptional working precision, permitting fine clinical control. The Wolf Black Label's LED coupling and 3 port spray assures clear visibility of the working field at all times. Very significantly, for an

dental  
SAVINGS CLUB

WOLF  
Black Label



2 YEAR  
Warranty

made  
in  
Germany

air-driven handpiece, the operational noise is quite low. This is good news for the practitioner and the chairside staff who are exposed, on a daily basis, to the high level of sound that is associated with most air-driven handpieces. The Wolf Black Label also offers exceptional value for a superior quality high-speed handpiece; most practices require numerous handpiece units to accommodate the downtime that is generated by the need for sterilizing the instruments between patients. Expensive handpieces and frequent handpiece repairs can impact the bottom line rather significantly. This is precisely why the Wolf Black Label's 24 month warranty is so important. [www.dscgroup.net](http://www.dscgroup.net)

IDS Hall 2.2 E048

## EyeSpecial C-II Smart Digital Camera Shofu

Dental cameras have historically been divided into 2 categories: professional units that require significant photographic skills to operate and amateur units that can be readily used by almost anyone. The professional cameras offered excellent images, but were complicated to set up, operate and troubleshoot; the amateur cameras provided poor images with limited dental-use adaptability. Shofu has recently introduced the sophisticated EyeSpecial C-II, the first smart digital camera designed specifically for dentistry. With high quality 12 megapixel images, and a large depth of field, it is excellent for intraoral photography and case presentations, including restorative, cosmetic, orthodontic, and laboratory. The automated on-board focusing mechanism, supported by the anti-shake software that stabilizes minor hand movement, ensures a perfect image every time. The EyeSpecial C-II is complete with a built-in, totally automatic dual-flash that requires no changes or modifications during operation. The lightweight camera body can be held with one hand while the other hand manipulates the one-touch operations (button or screen). Most important, the EyeSpecial C-II is very easy and intuitive for anyone in the practice (or the lab) to use, as there are no photographic skills required. Simply follow the intuitive icon prompts on the 9cm rear panel touch screen LCD. The icons appear on the left where they can be activated directly on the screen or by the adjacent function button. The sealed surface permits use with or without gloves and rapid, thorough disinfection. The EyeSpecial C-II has 8 shooting modes including Standard, Face, Low Glare (glare-free anteriors), Whitening, and Isolate Shade (to enhance color matching). The EyeSpecial's Surefile photo management software is free for purchasers and available for download online.



## Fissurotomy Burs SWhite

Minimizing the removal of healthy tooth structure during cavity preparation is inherently a desirable dental objective. Since natural enamel and dentin are still the optimal dental materials, minimally invasive procedures must be considered preferable. Conservative dental treatment is also beneficial from a patient's point of view; less discomfort, less need for local anesthetic, and a real prospect that the restoration may last a lifetime. Today, due to fluoride treatment and improved professional and home care, small lesions and hidden decay are increasingly seen in the practice. Large, visible dental decay can be readily diagnosed, smaller lesions less so. Explorers fail to identify narrow, fluoride-hardened occlusal openings, and fluoride-rich enamel masks decay in radiographs. SWhite's innovative Fissurotomy burs are excellent tools for both diagnosis and conservative tooth preparation. The Fissurotomy bur size and shape are designed specifically for treating pit and fissure lesions. The head length of the bur is 2.5mm, limiting the preparation to just below the DEJ (conservation). The bur's tapered shape means that the cutting tip encounters very few dentinal tubules, and minimizes heat build-up and vibration. Since the Fissurotomy bur cuts mostly sensory nerve-free enamel, patient discomfort is minimized and local anesthetic is unnecessary. It facilitates effective fissure sealants and preventive restorations by recontouring the fissure and pit anatomy for greater access and visibility, exploring the cavity to ensure that no decay remains undetected, and very conservative (but complete) caries removal. The Fissurotomy burs also identify and locate hidden decay, even when invisible radiographically. They are fast-cutting, conservative, inexpensive, and familiar to every dentist. Fissurotomy burs provide better, faster and easier treatment and patient comfort, using familiar instrumentation.



# RealGUIDE™:

## Beyond the Limits of Digital Dentistry

**D**igital implant planning and computer guided surgery procedures are becoming very popular among the studies. Most of the digital prosthetics planning techniques anyway are based on closed systems that don't allow the doctors and technicians to follow a seamless workflow, from the diagnosis and implants planning to the surgical guides manufacturing, and don't provide the full control over the process.

### Photo 1

CBCT DICOM dataset reconstructed with 3DIEMME RealBODY™ engine



3DIEMME Company overcomes these limits with the **RealGUIDE™ procedure**, delivering the most suitable solution to integrate the prosthetic information (developed on any dental lab open software, starting from the stone models optical scans or doctor's intraoral scans) with the surgical treatment (3D diagnosis on DICOM images, virtual bone graft modeling and implants planning) and to manufacture the digital project (surgical guides) with any CAD/CAM or Rapid Prototyping technology.

### Photo 2

One finger implants planning with 3Diagnosys MOBILE version

The 3DIEMME product line is composed by all the necessary tools for the Patient's custom rehabilitation and includes software, surgical instruments and laboratory equipment for the surgical guides manufacturing. The software package is available in different modules, both on PC and MAC native versions, adapted to the Customers specific needs and is composed by two main environments: 3Diagnosys and PlastyCAD. 3Diagnosys is a class IIA CE certified 3D simulation software focused on dental implants planning that imports any DICOM dataset and STL

file. Thanks to the new **RealBODY™ engine**, that simulates the behaviour of light against physical objects, a photorealistic Patient reconstruction is obtained with a realism never reached by any dental software. The virtual planning can be performed on any implant platform, the project can be exported in STL format for the guide modeling in PlastyCAD and the manufacturing with any Rapid Prototyping or CAD/CAM machine. The new **3Diagnosys MOBILE version** enables the doctors to perform the implant planning with just one finger and easily share it with the lab, colleagues and manufacturing services. A dedicated universal surgery instruments kit is available to drive the implants in the planned position.

Thanks to the 3DIEMME advanced research a new product is launched on the Market: the **EVOGUIDE™ kit** (International Patent Pending). This set of instruments, composed by a dedicated software, surgical and laboratory materials, has been designed to treat partially edentulous cases with a revolutionary guided surgery procedure. In fact the software is automatically placing the implants in the sites "guessed" by the doctor while manufacturing the radiologic guide, and enables their position correction based on a set of standard micro-moulded tools that are precisely assembled by the doctor himself to manufacture the surgical guide in-house, without the need to outsource it, in a fast, easy and cheap way.



# Beyond the limits of digital dentistry



**01**

**RealGUIDE**  
Universal Digital Dentistry  
Open System



**02**

**RealBODY**  
Photo-Realistic 3D Engine



**03**

Easy implant Planning with  
**One FINGER**

***We are looking for international distributors!***

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# Using WINSIX® Implant System means offering the Patient a choice of quality which will contribute to enhancing a relationship of esteem and trust.

Why is WINSIX® IMPLANT SYSTEM growing so fast? The reasons for such a significant growth...

**S**trongly backed by the Italian know-how on esthetic dentistry, scientific research and technological innovation, WINSIX® IMPLANT SYSTEM celebrates 20 years of science-based reliability and clinical use, and opens new markets for distribution.

Over all these years the profound knowledge of the field, the attention paid to the dynamics of the social and health market, together with the sensitivity towards Dental needs have been readily incorporated into the company's slender production structure. This is the result of an efficient Research Development Department and consolidated relationships with international reference Research Centers where the principles of *translational research* are daily applied.

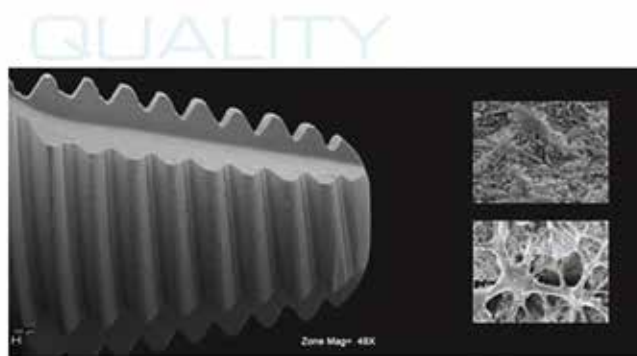
The evolution of WINSIX® and the attention paid to quality and regulations, is also evident from the series of Brands registered from 1995 to the present: the international Patent on CAB® device is a recent example.

## IMPLANT QUALITY ASSURED: MATERIALS, PRODUCTION, PACKAGING

The quality of WINSIX® devices is assured in every single phase of the production, ranging from the Titanium supplying sites, to 1:1 (not random) post-production controls over surface and connection, to implants packaging, consisting of a special Titanium housing placed into the vial, to grant the sterility of the content. Professionals are thus allowed to operate efficiently and in complete confidence.

Products are EC and FDA approved and, thanks to their high quality, can enjoy a civil liability insurance.

**Last but not least, continuity aside technological innovation are the distinguishing factors of WINSIX® Implant System devices.** During their course of development, the solid scientific background on which implants, prosthetic accessories and surgical instruments are based, has permitted to innovate products rendering them compatible with previous ones, thus avoiding Dental Teams the necessity of changes in operative sequences and costly substitution of materials.



For commercial purpose contact:  
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## 8-YEAR RETROSPECTIVE ANALYSIS OF IMPLANTO-PROSTHESIS TREATMENTS RESULTS ACHIEVED WITH WINSIX® SYSTEM

Authors: Operative Dental Unit - University Vita Salute, San Raffaele Milan, dir. Prof. Enrico F. Gherlone

**Materials & Methods.** 2998 implants positioned in 1354 patients were evaluated, between March 2006 and March 2014 at Dentistry Unità Operativa Complessa of I.R.C.C.S. San Raffaele Hospital in Milan. Out of these implants, 2381 were placed in 1271 patients that regularly attend the maintenance care program at the Oral and Prevention Hygiene Centre at the Dentistry U.O.C (**Graph 1**).

The remaining patients did not subscribe the maintenance care program. In patients undergoing the maintenance program it was possible to collect, for each implant, the clinical parameters needed to evaluate the health status of the implant site: probing pocket depths (PPD), bleeding on probing (BoP), x-ray evidence of peri-implant bone resorption and mobility.

**Data analysis.** Out of 2998 implants, 1.93%, failed, equal to 58 units

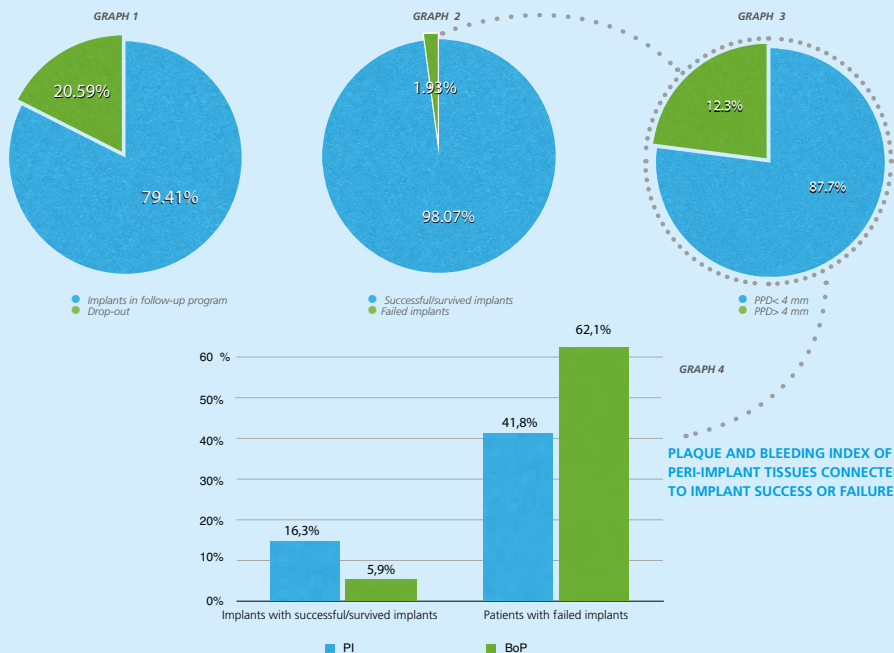
placed in 56 patients, showing a failure incidence rate in line with the results reported in the literature (**Graph 2**).

It was observed that among the 58 failed implants, 14 were placed in smoking patients and 35 in patients already suffering from periodontitis. Limiting the analysis to the patients undergoing the follow-up program, the failure incidence decreases to 1.3%, equal to 31 implants. Among the same patients, 87,7% shows a PPD average data < 4mm (8358 probing sites out of 9524 in total), obtained by 4 sites for each implant (**Graph 3**).

Finally, the average data of O'Leary plaque index (PI) and of bleeding on probing (BoP) in patients under maintenance care were analyzed and, in those subject who faced implant loss, both parameters were definitely higher than that observed in those patients whose peri-implant tissues show

healthy conditions. In particular, PI average data in patients whose peri-implant tissues show healthy conditions is 16.3% and BoP is 5.9%. In patients who faced implant failure, the average data are 41.8% and 62.1% respectively. (**Graph 4**).

**Conclusions.** In search of long term success in implant-supported prosthetic rehabilitations, a maintenance care program adjusted to the patient's needs and characteristics proves to be an essential factor: it is a useful tool for preventing periodontitis and for precociously intercepting the beginning of inflammatory processes in peri-implant tissues and/or mechanical problems of the implant-prosthetic system. The reduction of the failure rate observed in patients undergoing the above follow-up program can be considered an element probing the efficacy of such a clinical attitude, even without investigating on the microbiological phenomena that have led to these results.



# Flexible dentures go by the name of Deflex

Quality, wide range of materials and a company with experience providing comprehensive support and technical advice.



## The Deflex vision: aesthetics + function

Deflex flexible dentures are already well established in the international market, and reflect 15 years of experience and uninterrupted growth. From our factory located in Argentina, the Nuxen Srl company ships to diverse countries around the world, such as Russia, Switzerland, Brazil, Italy, India, Colombia, Serbia, Algeria, Latvia, and many more. This success in foreign trade was possible thanks to a policy of high quality products and competitive prices.

The initial objective was to develop materials that overcame the defects of the first polymers used to manufacture dentures, those that had limitations as a result of their excessive flexibility and high porosity. Against this backdrop, Deflex was inspired to launch options using injectable semi-rigid and extra rigid materials, and was the company that separated itself from the rest of its US competitors who continued to promote dentures that were more and more elastic, despite contrary results in clinical trials.

The vision behind Deflex produced consistently improved results. Professionals who did not want materials that were too soft were able to find a different option in Deflex, an alternative that was aesthetically pleasing but did not lack any of the functionality of removable dentures.

## Deflex Materials: variety + quality

The line of Deflex materials has continued to expand and today has 5 options for complementary materials.

First there was the **Classic SR** polyamide, which offers the perfect balance between flexibility and stiffness.

Second came the **Acrylate FD**, injectable acrylic for a unique type of complete dentures that are lighter and more resistant.

Next came the **M10 XR**, an extra-rigid polymer that has the combined advantages of decreased thickness, ultra resistance, easy polishing, high shine and a chemical bond.

Lastly, completing the Deflex line of materials, are the **Supra SF** and the **Fluence SR**, two options that provide increased flexibility and is more fluid at the time of injection, making these materials apt for all types of existing injection machines.

## Deflex Injection Machine: effective + practical

An automatic injector equipped with a high compression capacity pneumatic cylinder, a set consisting of a high precision plunger and integrated oven, as well as an air pressure regulator. It is not necessary to pre-heat the flask.

Unlike a manual injection machine, the Deflex injector allows you to control the settings: compacting force, injection speed and temperature are maintained at steady levels.

*With the Deflex injection machine, just turn on the injector, insert the cartridge and inject!*

## Deflex cartridges: ready to inject!

Deflex materials come pre-dried in aluminum tubes, wrapped in individual packaging with a security seal. In contrast to bulk materials, it is not necessary to waste time in pre-drying the material or transferring the material to empty aluminum tubes, and there is no risk of impurities filtering in that could harm the final product or the health of the patient.

*With Deflex cartridges, just choose your preferred material and place it in the injector!*

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## BlancOne: the cosmetic answer to the evolution of the professional teeth whitening market

**B**lancOne was developed in 2010 when International Dental Supply (IDS) launched on the Italian dental market an in-office teeth whitening treatment based on the innovative biophotonic technology. This technology redefined the mechanics of teeth whitening as a result of an ultra fast hydrogen peroxide activation mechanism. In fact, in less than 20 seconds per tooth, a normal curing light can be used to produce the most effective and safest form of oxygen: singlet oxygen.

With this innovation BlancOne was able to reduce the hydrogen peroxide content to less than 29%, completing a treatment in just under 30 minutes. This rapid action, which avoids enamel dehydration and pulp overheating, prevents dentin sensitivity without resorting to the use of desensitising agents and guarantees a stable colour without any special diets. The BlancOne ULTRA whitening treatment quickly became a huge success, as demonstrated by the almost 3000 specialised centres throughout Italy and the more than 80,000 completed treatments.

A gradual repositioning of the teeth whitening market occurred after EU Directive 2011/74 on cosmetic whitening went into effect in October 2012. If, on one hand, this business was placed in the hands of dental professionals, on the other limiting the content of hydrogen peroxide (or equivalent) to 6% significantly reduced the range of tools that could be used in dental offices. Today, in fact, the only efficient solutions are those based on the use of home treatments with trays. However, making a tray is a costly and complex process, unsatisfactory for those who want immediate results and for many a real inconvenience.

Today, BlancOne research presents a line of (patent pending) cosmetic treatments that combines a low peroxide content (HP<6%) with a special vegetal-based component that breaks up the peroxide and releases oxygen once activated.

**BlancOne TOUCH** is a chair treatment that in just one, 30-minute session whitens teeth immediately and effectively without the use of a protective dam and absolutely no dentin sensitivity. The in-office treatment is followed by a 7-night home treatment to stabilise the results.

**BlancOne MASK** is a revolutionary whitening mask applied to teeth before going to bed. The gel, with a unique yellow colour, hardens in just a few seconds as it reacts with saliva, remaining on the enamel and releasing oxygen throughout the night. This trayless home treatment reduces costs for the office while guaranteeing the greatest comfort and results for the patient.

**BlancOne CLICK** was developed to offer a quick post hygiene teeth whitening treatment. This treatment, at a very low cost and in just 10 minutes, offers a highly sought-after upgrade to the dental hygiene session. BlancOne Click has been designed to promote a complete whitening treatment (Touch or Mask) and as an office promotional and marketing tool.

Thanks to the different solutions offered by the new BlancOne cosmetic line, dental offices can propose to their clients a safe, effective, and economical teeth whitening treatment in line with the new market trends defined by the European Directive on cosmetic whitening. Visit our stand at the IDS trade fair in Cologne to try and find out more about our whitening treatments!

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**B** & B. Dental is a leading Italian company in the field of oral implantology, specializing in the development of dental implants and bone regeneration materials. Over the years, we have created high-quality implant prosthetic techniques and innovative materials, all at very affordable prices.

The main dental implant lines are:

- DURAVIT 3P;
- DURAVIT EV.

**DURAVIT 3P** Implant is suitable for all surgical procedures and excellent in all types of bone, ensuring always the achievement of high primary stability.

**DURAVIT 3P** Implant is characterized especially by its triple tread body. Its revolutionary triple thread body, the only one on its kind, facilitates the full implant body insertion compared to conventional implants, simplifying extremely the dentist's job and significantly reducing placement time. The thread has a particular 60° beveled profile, whose shape, angle and depth have been specially designed to increase the bone contact surface and reduce invasiveness, thus improving the osseointegration process. Besides the retraction of cortical bone over time is prevented by the micro-grooving of the collar because it improves the load distribution for reducing the vertical stress and promotes the healing of soft tissues.

It is characterized even by its self-tapping system. The design of the **DURAVIT 3P** implant includes a triple apex groove with a special oblique cutting section for self-tapping of the bone during placement, which at the same time serves to prevent any pressure-related trauma. Lastly the apex is defined bone friendly, because its shape is designed to lift the maxillary sinus membrane, thus avoiding the risk of perforations.

**DURAVIT EV** Implant belongs to the latest generation of B. & B. Dental's implants and it is a new therapeutic solution indicated for cases involving spongy bone (D3-D4), post-extraction conditions, small diameter preparations and especially immediate loads. For its specific characteristics guarantees the achievement of higher primary stability and an optimal control during the implant insertion, giving also the opportunity to change its direction.

It differs especially in its very sharp double helix that can penetrate spongy bone in a simple and non-traumatic fashion, thus making the implant self-tapping. The groove is wider than normal for improving greatly primary stability in order to perform immediate loading's procedures. Its collar has a back-tapered coronal design with micro rings which implies the obtaining of the maximum alveolar bone volume, an optimal soft tissue support, as well as it reduces the crestal resorption and facilitates a better load distribution.

It differentiates also for an apical part with threads really sharp and deep, which ensure an ideal anchorage. This apical blade will penetrate small diameter preparations, surgical procedures indeed required that the implant site has to be always under prepared. For all of these characteristics **DURAVIT EV** Implant has an optimal self-tapping and self-drilling system.

It is important to specify that these two lines have the same connection and require the same prosthetic components, as well as the same surgical kit. In particular, the connection is named CONEXA, which is the result of the combination of two geometries: internal hexagon and morse taper connection. The first one enhances the resistance to torsional loads for an absolute precision in abutment's repositioning. The second one instead creates a powerful mechanical bond, which means cold weld seal. Moreover it grants the elimination of micro movements and it prevents the risks of the unscrewing and breakage of the prosthetic screw. It adopts the platform switching technology that reduces the bone loss and creates long-term esthetic stability, as well as a perfect bacterial seal. Besides they both have an anatomic design with a root-like structure and guarantee an optimal osseointegration process.





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## 3D Systems Completes Acquisition of Cimatron

3D Systems (NYSE:DDD) announced today that it has completed its acquisition of all shares of Cimatron Ltd.



ROCK HILL, S.C.,  
Feb. 9, 2015 (GLOBE NEWSWIRE)

The company 3D Systems (NYSE:DDD) announced today that it has completed its acquisition of all shares of Cimatron Ltd. (Nasdaq:CIMT) for approximately \$97 million, inclusive of Cimatron's net cash. The integration of Cimatron's software products into the company's portfolio strengthens 3DS' leadership position in 3D-printing-centric advanced manufacturing by enabling a seamless digital workflow between design and traditional and additive manufacturing processes. The transaction adds complementary technology, extends 3DS' sales coverage globally, multiplexes cross-selling opportunities and is expected to be accretive to the company's cash generation and Non-GAAP earnings per share for the full year 2015.

*"Cimatron represents a perfect strategic fit for our business by providing expanded capabilities in product development, sales coverage and complementary technology. We believe that this combination offers unique synergies with significant long-term customer benefits and shareholder value," commented Avi Reichental, President and CEO of 3DS. "We are delighted to welcome Danny Haran and his entire global team to 3DS as we complete the digital thread from design to digital fabrication."*

Cimatron is a leading provider of integrated 3D digital fabrication software for manufacturing. Cimatron's products are used by a growing number of companies worldwide for their 3D production molds, tools and dies in a wide variety of functional end-use manufacturing applications. With two world renowned products, CimatronE and GibbsCAM®, Cimatron provides powerful digital fabrication tools

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for key manufacturing operations. CimatronE is an integrated CAD/CAM solution for toolmakers and manufacturers of discrete parts, which provides full associativity across the manufacturing process from quoting, through design and up to delivery. GibbsCAM, offers powerful yet simple-to-use solutions for programming any type of CNC machine tools, from simple mills and lathes, to the most complex multi-axis multi-tasking machines.

“With a 30 year track record of providing comprehensive, cost-effective solutions that streamline manufacturing cycles and shorten product delivery time, it is the perfect time to become part of 3DS where we can substantially accelerate our progress and extend our reach and impact,” said Danny Haran, former CEO of Cimatron, who was named Executive Vice President and Chief Operating Officer, Software of 3DS.

Cimatron shareholders will receive \$8.97 in cash for each ordinary share held by them as of the effective time of the merger. Cimatron has received the Israeli tax ruling that was described on pages 4-5 of its proxy statement for the extraordinary general shareholder meeting at which the merger was approved. Consequently, the withholding (if any) of Israeli taxes from the merger consideration will be carried out in accordance with the description of that tax ruling in the proxy statement.

As a result of the completion of the merger, the ordinary shares of Cimatron will be delisted from the NASDAQ Stock Market and deregistered under the Securities Exchange Act of 1934, or the Exchange Act. Cimatron will cease filing reports pursuant to the Exchange Act, and trading in its ordinary shares will be halted before the open of business on February 9, 2015.

Source: NASDAQ - <http://www.nasdaq.com/press-release/3d-systems-completes-acquisition-of-cimatron-20150209-00424#ixzz3RGPqlpvL>



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# The European position on the dental amalgam controversy

Abstract from: "SCHER scientific opinion on the environmental risks and indirect health effects of mercury from dental amalgam (update 2014)", European Commission, November 19th, 2014.

In the 2008 Opinion on the environmental risks and indirect health effects of mercury in dental amalgam the Scientific Committee on Health and Environmental Risks (SCHER) concluded that only a preliminary screening risk assessment was possible, based on existing knowledge at the time. As new evidence has become available, this has been evaluated to determine whether the risk assessment provided in 2008 opinion needs to be updated. The concentration of mercury in surface water has been estimated considering three possible scenarios (worst, average and best case). The Predicted Environmental Concentrations (PECs) calculated in the three scenarios have been compared with the Water Framework Directive (WFD) Environmental Quality Standards (Annual Average (AA) EQS and Maximum Allowable Concentration (MAC) EQS) that have been set for mercury. The comparison enables the conclusions stated below:

- best case scenario: the PEC is negligible in comparison to both EQS;
- average case scenario: the PEC is one order of magnitude below the AA EQS;
- worst case scenario: the PEC is substantially above both AA and MAC EQS.

Methylation in the aquatic ecosystem and mercury accumulation in fish have also been estimated. According to the three proposed scenarios and based on five hypothetical values for the methylation rate (between 0.0001 and 1 %), the following conclusions are derived:

- best case scenario: all the calculated concentrations are far below the acceptable level in fish as well as the WFD threshold for secondary poisoning;



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- average case scenario: all the calculated concentrations are far below the acceptable level in fish, however, the WFD proposed threshold for secondary poisoning is exceeded at methylation rates higher than 0.05%;
- worst case scenario: the acceptable level in fish is exceeded (or at least approached) at methylation rates higher than 0.1 %, while the WFD threshold for secondary poisoning is also exceeded at methylation rates higher than approximately 0.005%.

SCHER concludes that, in the worst case scenario, under extreme local conditions (maximal dentist density, maximal mercury use, absence of separator devices), a risk of secondary poisoning due to methylation cannot be excluded. These risks depend on the methylation rate of inorganic mercury which may differ with exposure conditions. For the soil and air compartment a quantitative PEC cannot be estimated and an assessment of local risk is not possible. Regarding the risk for human health due to environmental mercury in soil and air originating from dental amalgam use, it can be concluded that this emission fraction of Hg represents a very minor contribution to total human exposure from soil and through inhalation. Regarding the contribution of amalgam use to the concentrations of methyl mercury in fish, any calculation is affected by a high degree of uncertainty and based on a number of assumptions. However, a screening assessment was undertaken using a provisional risk assessment for surface water based on five hypothetical values for the methylation rate in three possible scenarios

(worst, average and best case). In the best and the average cases, the expected methyl mercury concentrations in fish related to contributions of dental amalgam uses are well below maximum tolerable content of methyl mercury in fish. In the worst case scenario, the values obtained with the two highest methylation rates exceeded the threshold. Thus, in the worst case, mitigation measures are expected to be needed to reduce the risk. Further, the WFD's threshold for secondary poisoning is exceeded at methylation rates higher than 0.005 %. Therefore, compliance with the WFD threshold would contribute to the prevention of human health effects. The information available on the Hg-free alternatives does not allow a sound risk assessment to be performed. With regard to human health, SCHER is of the opinion that the conclusions of the 2008-opinion are still valid. For health effects due to alternative materials particularly the potential leakage of bisphenol A (Bis-DMA), SCHER recommends referring to the SCENIHR opinion on the use of bisphenol A in medical devices. For the environment, considering the probably low level of emissions and the relatively low toxicity of the chemicals involved, it is reasonable to assume that the ecological risk is low. However, it is the opinion of the SCHER that, at present, there is no scientific evidence for supporting and endorsing these statements. Therefore, more research on alternative materials is recommended.

Source: [http://ec.europa.eu/health/scientific\\_committees/consultations/public\\_consultations/scher\\_cons\\_06\\_en.htm](http://ec.europa.eu/health/scientific_committees/consultations/public_consultations/scher_cons_06_en.htm)





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# Zimmer Provides Update on the European Commission Review Process Relating to the Pending Merger with Biomet, Inc.



WARSAW, Ind., Feb. 10, 2015

Zimmer Holdings, Inc. (NYSE and SIX: ZMH) ("Zimmer") announced today that it has proposed a revised remedy package to the European Commission (the "EC") to facilitate the EC's approval of Zimmer's proposed acquisition of Biomet.

The revised remedy package submitted by Zimmer is generally consistent with the initial remedy package proposed in December, 2014 and reflects certain modifications to address the EC's comments based on the results of its market test of the initial proposed remedy package.

The transaction also remains subject to the expiration or termination of the applicable waiting periods under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, approval from the Japan Fair Trade Commission, as well as other customary closing conditions.

Zimmer noted that it is pleased with and encouraged by the progress to date with the overall regulatory process. While the formal deadline for the EC's decision has been reset to May 26, 2015, Zimmer continues to expect to close the transaction in the first quarter of 2015.

Under the terms of the merger agreement announced on April 24, 2014, Zimmer will acquire Biomet in a cash and stock transaction valued at approximately \$13.35 billion, including the assumption of net debt.

Source: <http://investor.zimmer.com/releasedetailcfm?id=13&ReleaseID=895561>

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# Renowned tekomp Dokupreis 2014 awarded to KaVo for the EXPERTsurg LUX surgical unit

The new KaVo EXPERTsurg LUX surgical unit impresses not only in daily surgical use, but even through its award-winning instructions for use. The instructions for use just persuaded the jury of independent experts of the tekomp Dokupreis 2014 award.

**Biberach/Riss, 13/01/2015**

The renowned Dokupreis is awarded annually by tekomp (Professional Association for Technical Communication and Information Development), the major professional association of technical editors, to instructions for use that are amongst the best in the German-speaking countries. In the selection procedure, an independent professional jury made up of experts checks the submitted documents based on a variety of criteria including copy, figures, design, safety instructions, navigation, and scope as well as consistency of instructions and product. The instructions for use of the EXPERTsurg made by KaVo persuaded the jury across the board and received an excellent score. It is important for the safety of patients and users alike, especially in the field of dental surgery, that the use of the equipment is easily comprehensible and intuitive. The EXPERTsurg LUX surgery unit

is part of the new KaVo surgery portfolio, which also includes the new MASTERSurg LUX surgical unit and the SURGmatic handpieces. EXPERTsurg renders the workflow safe and precise, not least because of its intuitive operation. The One-Touch auto-calibration ensures precise speeds and torques. The SMART-drive technology affords a high torque, a vibration-free start-up and enables you to work without vibrations even at very low speeds.

Through the individually programmable workflows, easy icons, and the display of working steps on the colour display, the EXPERTsurg guarantees the highest level of user comfort. The light-weight short KaVo INTRA LUX S600 LED surgery motor with a flexible motor hose combines with our SURGmatic surgical handpieces to provide a consistently ergonomic synergism for a relaxed work process. Based on its excellent cost effectiveness, the unit is a benefit for every dental practice offering surgical services!

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# Sirona models digital dental technology: New freedom with inLab

Independent choice of production processes and materials and complete control of the work process – these are the primary demands dental technicians make of in-house production with modern CAD/CAM systems. Sirona supports this with a new product concept.



**Bensheim/Salzburg – 2/12/2015.**

With the inEos X5 model scanner, inLab software, the inLab MC X5 and inLab MC XL milling and grinding units, and the inFire HTC speed quick-sintering furnace, Sirona meets a key demand of dental technicians: All inLab components are coordinated with one another and are open for integration into the existing CAD/CAM infrastructure of a laboratory.

The inLab MC X5 can be integrated seamlessly into this infrastructure, as one of its major advantages is that it is an open unit. Dental technicians are free to choose which model scanner to work with and which CAD software to use to design restorations.

STL restoration data can be imported quickly and easily into the CAM software developed for the inLab MC X5 - and recently for the inLab MC XL - and processed on the respective machine. This gives users an unprecedented variety of material and processing options. Moreover, the new inLab software 15.0 will be introduced at the IDS. Its structure has been adapted to the workflow in a dental laboratory and includes many new features. By integrating the “biogeneric reconstruction” application and opening it up for dental databases, considerably improved initial proposals can be generated. Furthermore, it is now possible to design model casts or surgical guides.

**Photo**

Sirona InLap Familie

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change of information between the dentist and dental technician. Under the slogan "Because dental technicians need their freedom", Sirona invites IDS visitors to experience the new possibilities with inLab live.

Due to various certification and registration periods, not all products are immediately available in all countries.



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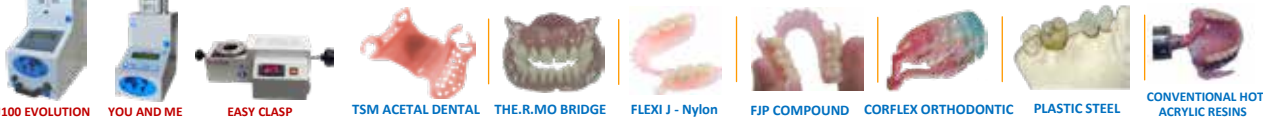
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# "I Love Dentistry..."

Could Volunteering be for you?

**T**his has been the most rewarding experience of my life!" No, this is not marketing speak, it's volunteer dentist Urshla Chaudhry's exact words on her return from a recent Bridge2Aid DVP (Dental Volunteer Programme).

A lot of dental volunteering opportunities are often perceived as being hard work to get organized and offering only temporary solutions to the problems they aim to tackle – since local people are only being helped whilst the volunteers are present. In a unique approach to dental volunteering, Bridge2Aid has established its Practical Training and Treatment programmes in Tanzania to train local government Health Workers or 'Clinical Officers (CO's)' as well as to treat local people who are in dental pain, most of them for many months. People like Magalita – a 78

year old Grandmother that Bridge2Aid recently met. Two years ago Magalita resorted to accepting her son's offer of 'help'. He had seen her suffering with pain for nearly 9 years. In desperation, and with no other safe, affordable option, the family agreed that they should try something to relieve their mother of her dental pain.

With a regular kitchen knife, two willing assistants and not an ounce of dental or medical experience or knowledge among them, her son extracted his mother's offending tooth. When asked about the experience, Magalita just shook her head and looked down at the floor.

Two years on, Magalita has a huge swelling to the right side of her face. She finds it difficult to talk or to eat anything other than porridge.

**Photo**

• Mangalita before

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During the Practical Training and Treatment Programme in October 2014, the Bridge2Aid training team met Magalita. They identified the cause of the swelling as a benign tumour and immediately referred her to the Regional Hospital, and funded her transport and specialist treatment there. Magalita is one of the lucky ones, as she found someone who could help.

### What If this was your Grandmother?

"There are currently 120,000 people to one dentist in Tanzania," explains Mark Topley, CEO of Bridge2Aid, "but add to this the fact that 90% of the dentists work in cities, whilst 80% of the population lives in rural areas and it's easy to see that people living in rural areas are struggling to get the treatments they need and it's no good just sending in volunteers, it doesn't reach far enough." On every programme, the team have tales of abscesses draining through the face; jaws broken during an extraction by an untrained person and left for days; children with double rows of teeth where milk teeth had somehow remained; and women and children walking through the night in a desperate attempt to seek treatment.

But the majority of patients come suffering from straightforward pain from decaying teeth, which they've often put up with for months or even years. The Practical Training and Treatment Programme is designed to both help them and use the opportunity to train, very intensely, local COs at the same time. Thus leaving behind the skills to help people even after the volunteers have left.



### How does a B2A DVP work?

From booking flights and arranging pre-briefing sessions in the UK through to answering any questions volunteers might have and remaining in contact with them afterwards, the Bridge2Aid office has everything in hand. The formula is now well refined and designed to make things as smooth as possible for busy professionals generous enough to offer their time, so by the time volunteers are handed over to the Tanzania team they are extremely well prepared.

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### What you might expect to achieve

When the programme began ten years ago - after two years of research, relationship building and set up in the country - there were almost no extraction trained COs in Tanzania. A typical Clinical Officer will be responsible for around 10,000 people and may be expected to perform a whole range of medical duties. "One guy delivered two babies the night before, had no sleep, and still came to our clinic ready to learn in a foreign language," said one very impressed volunteer, Mark Best, practice owner from Manchester. Since the scheme's inception Bridge2Aid volunteers have successfully trained over 350 COs thanks to the programme. Bear in mind that Tanzania has around 400 dentally qualified people, and it's clear to see that Bridge2Aid has increased access to emergency dentistry by almost 100%.

"It also helps that we work closely with government and District Dental Officers," explains B2A Clinical Lead and Trustee, Katherine Opie-Smith. "It means we are embedded in the community and we are supported and wanted there - that both feels good and makes this whole thing work more effectively." The COs are taught along FDI guidelines to use only a basic selection of equipment and to develop good cross infection control practices. There's no electricity in these areas and a wooden chair is used so

there's no point training with all the tools that might be used in the UK. This is realistic and achievable and is changing lives - for the patients, the COs and the volunteers by all accounts!

### How does it benefit you?

Of the hundreds of professionals who have attended the programme, both dentists and nurses alike claim to have gained from it in some way - whether it's a new perspective on life in general, or new skills, new friends or greater confidence. See for yourself:

Roisin, dental nurse: "Life changing!"

Kevin, dentist: "It's an amazing feeling to know that those COs are doing these procedures correctly. I'll be back in Scotland and he'll still be here working and helping people. On the other trips I've been on once you've gone it's over, but this way we leave years of capacity."

Michael, dentist and practice owner: "I'm definitely planning to come again! Plus, I'll bring other members of our team along. It's invaluable team building, and if I'm sending a dentist it makes sense to send a nurse too. Our girls got so much out of this experience - they loved it. We all did. Amazing!"

#### Photo

- Child smiling extraction

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**Want to get involved?**

There are a number of ways to get involved, and Bridge2Aid relies on the support of the dental profession and industry to carry on its work:

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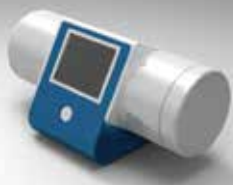



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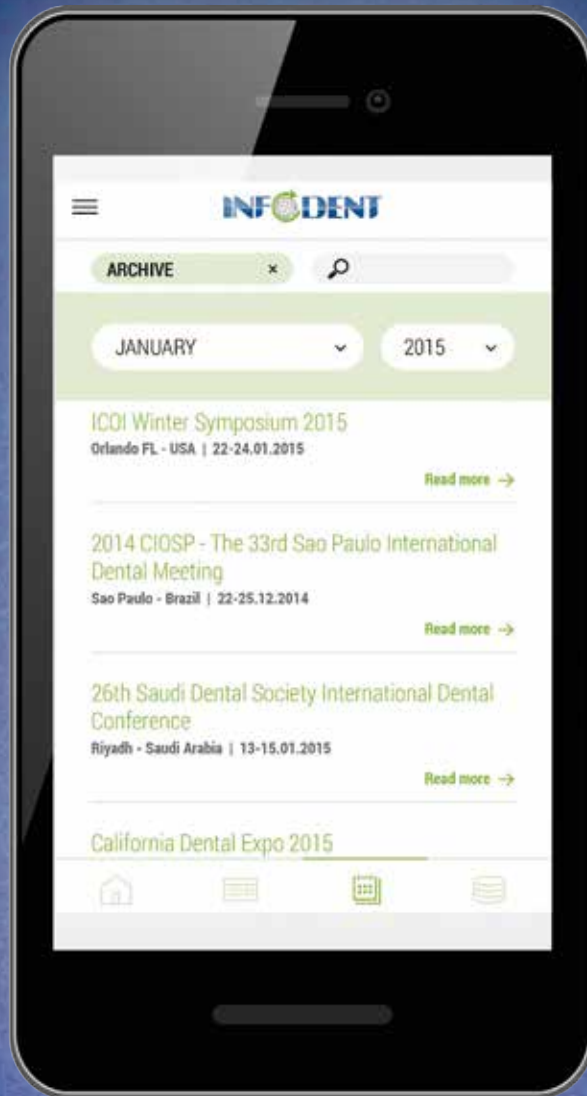
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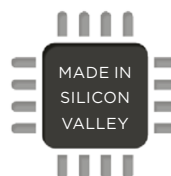
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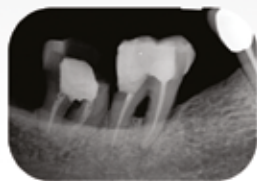
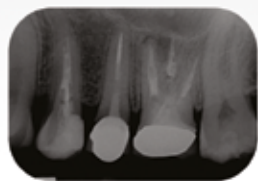
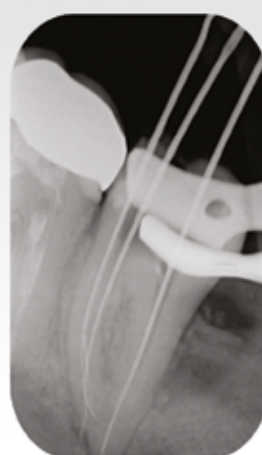


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