Researchers develop less destructive method to whiten teeth

Chinese researchers have now developed a new, less destructive method.

As is commonly known, teeth can become discoloured with the consumption of staining foods and drinks. As a result, many people turn to non-invasive whitening treatments. Currently, the most common bleaching agent is hydrogen peroxide, but high concentrations can break down the enamel, causing sensitivity or even cell death.

Researchers and senior authors of a recent study Xiaolei Wang and Lan Lian, along with their colleagues at Nanchang University, investigated whether a different compound activated with blue light could act as a safer, yet still effective, alternative. The team modified titanium dioxide nanoparticles with polydopamine (nano-TiO₂@PDA) so that they could be activated with blue light. In a proof-of-concept experiment, the particles were evenly coated on the surface of a tooth and irradiated with blue light.

After 4 hours of treatment, the whitening level was similar to that obtained with hydrogen peroxide-based agents. The researchers did not find significant enamel damage on the surface of the tooth, and the treatment was significantly less cytotoxic than hydrogen peroxide. In addition, the nano-TiO₂@PDA therapy showed antibacterial activity against certain bacteria.

The study, titled “Blue-light-activated nano-TiO₂@PDA for highly effective and nondestructive tooth whitening”, was published in ACS Biomaterials Science and Engineering on 29 June 2018.

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Survey reveals Australian dental product suppliers face rising costs

By DTI

CANBERRA, Australia: To allow manufacturers and suppliers of dental products to express their level of business confidence in the industry, the Australian Dental Industry Association (ADIA) conducts the Australian Dental Products Business Conditions Survey on a quarterly basis. According to the results of the most recent survey, there is an overall feeling that the industry is facing some challenges, mostly due to rising costs.

“Businesses that supply the products used by dentists and allied oral healthcare professionals are facing challenges that range from rising electricity costs to higher prices associated with importing products from overseas. This doesn’t diminish the dental industry’s commitment to making available the latest innovations, it just means that the businesses have increased challenges,” said ADIA CEO Troy Williams.

According to ADIA, the survey is a clear indicator that the Australian government needs to maintain its efforts to reduce bureaucratic hurdles. However, a new proposal by the Therapeutic Goods Administration for a tax on the supply of medical devices in the dental and medical industries may be doing the exact opposite.

Speaking about some of the positive aspects of the survey, Williams noted that the dental industry is growing, and the survey provides clear indication that businesses are employing more people. In addition, the survey revealed that large-scale trade shows such as ADX® Sydney, Australia’s largest healthcare trade show, can positively influence sales volumes. This result Williams said reinforces ADIA’s commitment to providing the industry with "world-class trade shows".

Summing up the results of the survey, Williams went on to say "ADIA member businesses want to invest in their business and want to create jobs. This survey shows they are being challenged by rising business costs and that’s why we need government to cut the red tape, which will lead to reduced compliance costs.”
Researchers pinpoint mutations that give bacteria antibiotic resistance

By DTI

HOKKAIDO, Japan: The researchers, from Hokkaido University and the National Institute of Advanced Industrial Science and Technology, have developed an approach to systematically screen for resistant ribosomal RNA (rRNA) genes. rRNA is the indispensable part of the cell that creates proteins. It is one of the primary targets of antibiotics, but rRNA mutation is now a well-known route to resistance. That resistance has many healthcare professionals concerned. In a recently presented study at EuroPerio9 in Amsterdam, results showed that antimicrobial resistance is on the rise among German patients with severe periodontitis.

Dr Kei Kitahara, a molecular microbiologist at Hokkaido University and co-author of the current paper, said: “Our results suggest that there are many unfound and uncharacterised antibiotic resistance point mutations in rRNA genes.”

In order for Kitahara and co-author Prof Kentaro Miyazaki to arrive at this conclusion, they took rRNA from a wide range of bacterial species in the natural, or non-clinical, environment, where mutations are continually taking place. From there, the researchers were able to insert them into inactive Escherichia coli lacking in rRNA and found that more than 2,000 imported rRNA could compensate for this lack, thereby preventing the E. coli from dying. They then tested whether a common antibiotic, spectinomycin, effectively killed the bacteria or if the rRNA gave the E. coli resistance.

According to the study results, the screening found three previously unreported mutations in rRNA from the pathogens that resisted the antibiotic, along with other mutations that were already known. Although using inactive E. coli to test for mutations has been proposed before, this screening can analyse rRNA from other pathogens rather than just what is present in the E. coli.

The discovery by the researchers comes at a time when antibiotic research is becoming increasingly challenging. Earlier this year, the Star Tribune reported that Novartis, a Swiss multinational pharmaceutical company based in Basel, was the latest drug-manufacturing giant to announce it was shutting down its antibiotics and antiviral research programmes. According to the article, a Novartis representative said the move would allow the firm to “prioritise resources in other areas where we believe we are better positioned to develop innovative medicines.”

The study, titled “Functional metagenomic approach to identify overlooked antibiotic resistance mutations in bacterial rRNA”, was published in Scientific Reports on 3 April 2018.
In this interview with Dental Tribune consultant Andrea Greer reflects on how dentistry has changed, the most common business mistakes dentists make and what can be done to improve business education for dentists.

How do you think the business of dentistry has changed over the last two decades?

In a hundred ways! When I was practicing hygiene in Colorado, implant dentistry and integration of practice software and electronic health records were the frontier we were navigating. At that time, running a dental practice from within was completely manageable, and we had all the time we needed to stay on top of the systems we had in place. However, with time we have seen technology, student debt, patient expectation, science, materials, employee expectation, insurance, regulations, marketing, connectivity and work-life balance shift in drastic ways. I don’t believe it is possible for a business owner to expect to keep it all in-house any longer. It is costlier, and there is a greater chance of mismanagement. I believe that, in order for a business owner to be an effective leader, he or she must delegate and outsource tasks and systems in the practice.

You have met with many dentists over the years. When it comes to the difficulties of running a business, have there been any recurring issues?

In so many practices, there is a lack of general understanding of putting systems in place and then creating a culture of accountability. Basic leadership skills are missing from our education system, so when a business owner is challenged with controlling the chaotic schedule or helping his or her team understand how to answer the phone, or even making sure that the money owed to the practice is collected, he or she does not know how to train and motivate the team to accomplish these tasks. And it is never just one thing! There are always multiple systems out of place and lacking, and it becomes overwhelming for dentists to try and implement successfully—they just want to practice dentistry! Eventually, chaos ensues, and all the systems fail. That’s when I usually hear from a dentist.

How do you think practice owners would be best served in understanding what it means to run a business?

I believe that there is a huge need for more business exposure in medical and dental education.

“I believe that there is a huge need for more business exposure in medical and dental education.”

Andrea Greer has over 25 years of experience in dentistry and since 2013 has worked as a dental consultant and speaker. In an interview with Dental Tribune Online, she shares some of her experiences and ideas about the business side of the industry.

In what capacity have you been working within dentistry?

I like to say that I fell into dentistry by accident! After moving from Washington state to Colorado without a job, a friend asked if I would be interested in training chairside as an assistant, and I jumped at the prospect of a pay-check! I fell in love with dentistry and immediately started prerequisites for hygiene school. Eventually, I transitioned into office management, and then software training and light consulting. Ultimately, in 2013, I achieved a long-term goal of becoming a full-time consultant for a well-respected national firm in the U.S. In January this year, I struck out on my own as a consultant and speaker, and I am loving it!

“I have been around some of the best people in dentistry for decades—consultants, speakers, teachers. I have many, many testimonials from clients who recognized the benefit of early help within a few years of starting their businesses and have been successful in implementing what they have been taught. And yet they often say they wish they had contacted us sooner. Just like decay is easier to fix when it is small and doesn’t hurt, hiring an outside source early to help you determine what to put in place and how to do that will be the best investment in yourself and your business.

How will you help early on to save the business?

For someone who might be struggling with the business side of the practice, what would your advice be?

Seek education from reputable sources. Connect with people who have been in the industry for many years and are successful. Receiving advice from someone who has experience can provide you with the solid facts and training needed to improve your business. And the adage “you get what you pay for” still rings true!

Thank you very much for this interview.

About: Andrea Greer has been working in the field of dentistry for over 25 years and since 2013 has worked as a consultant and speaker, helping a number of practices and dentists improve their business and reach new levels of success.

Andrea Greer has worked as a dental consultant and speaker, helping a number of practices and dentists improve their businesses and reach new levels of success.
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Intraoral sodium sensor aims to simplify hypertension management

By DTI

ATLANTA, U.S.: Many people have acquired a taste for high-salt foods, which, over the years, may result in health issues related to high blood pressure. Monitoring salt consumption can help patients suffering from hypertension and certain other conditions to minimize the symptoms. In order to do that, researchers from the Georgia Institute of Technology have developed a flexible and stretchable intraoral wireless sensing system—which resembles a dental retainer—to measure the amount of sodium the wearer consumes.

The intraoral sodium sensor is based on a breathable elastomeric membrane that resembles a dental retainer. The ultrathin device is flexible and stretchable, and can wirelessly transmit data up to 10 m. (Photograph: Rob Felt, Georgia Tech)

"By monitoring sodium in real-time, the device could one day help people who need to restrict sodium intake and learn to change their eating habits and diet. Our device could have applications for many different goals involving eating behavior for diet management or therapeutics," explained Dr. Woon-Hong Yeo, an assistant professor in the George W. Woodruff School of Mechanical Engineering at the Georgia Institute of Technology.

He added: "The sensor is comfortable to wear, and data from it can be transmitted to a smartphone or tablet. Eventually the information could go a doctor or other medical professional for remote monitoring."

The device can record daily amounts of sodium intake as it is consumed. Thus, using a smartphone or tablet application, the system could advise users planning meals how much of their daily salt allocation they had already consumed.

Yeo and his team are currently working on improving the device by further miniaturizing it, aiming for the eventual size of a tooth, and testing it with users who have the relevant medical conditions, such as hypertension, obesity or diabetes.

The study, titled "Wireless, intraoral hybrid electronics for real-time quantification of sodium intake toward hypertension management," was published in the Proceedings of the National Academy of Sciences of the United States of America in May 2018.

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You might be one of the best dentists in your area that has all the knowledge, the experience and the latest technology. But your clients do not see that, they might not understand it. Maybe they cannot see your expertise because of the way you are dealing and communicating with them. Maybe your way of communication is not clear enough or not at the level that some of your clients desire!

This is my gift for you today: A whole new series of the most popular and challenging scenarios that might happen at your dental practice and how you will deal with them so that your patients will leave your practice with the feeling: “My dentist is THE BEST!”

How to deal with…grumbling patients?

Let’s start with the first script: How to deal with a patient that complains just for the sake of complaining? In the following, I will introduce to you 5 steps of how to deal with this problem successfully and peacefully.

How many times have we completed an excellent work or

Communication is the key for a successful dentist-patient relationship. (Image: Visual Generation)
have we followed every step of the treatment protocol (for example whitening)? How many times have we informed our patient in detail regarding any discomfort that he or she might feel during a treatment? But the patient still loves to grumble: “Doc, I feel…, the bleeding is excessive…, I have such sensitivity after the whitening…” and so on.

5 steps for a successful communication

Of course, in view of such a patient you might get upset, angry or frustrated; this is absolutely normal and an expected reaction. The important thing is to deal with your patients, to keep them and nothing else. Let’s investigate now the steps that we can apply to get a successful result.

Step 1: Breath

I know it’s hard to not get angry with grumbling patients, but let’s vision ourselves as the conductor of an orchestra: We are responsible to guide them all in the path that we desire.

Step 2: Listen

What is the real problem? Maybe the patient just wants to be listened at and pampered a little bit? Or she wants her ‘problem’ to be resolved by giving her something back (see Step 3). Of course, she has nothing to complain about, everything is normal and expected, but you will never say that to her.

Step 3: Act accordingly

Give your patient something so that she will feel that her problem is acknowledged and that it will be resolved immediately by you—her trusted doctor! This could be an advice like “Do not rinse for 6 hours”, or a prescription as “Use this cream, it will reduce the sensitivity”.

Step 4: Follow-up

Of course, it is a must to call her and check that she is all right some hours before she calls you (which might the same or the next day, it depends on the case).

Step 5: Ask the right question!

Do never ask her: “Is everything all right?” Why not? Just because of the fact that she will then start complaining again. Ask instead: “I just call to check that everything is ok”! By using this phrase you will not allow space or thought for more complaints.

It is so simple!

Start using the described 5 steps each time that you have this ‘invisible problem’. At least, try it as an experiment and see if it works for you as well! Write me your comments or even add-ins. I will love to hear them!

In the next issue of Laser magazine, I will present you the second part of this new series of communication concepts that will teach you with 5 simple steps how to shush the patients that have too many questions with courtesy and caring. Until then, remember that you are not only the dentist of your clinic, but also the manager and the leader. You can always send me your questions and request for more information and guidance at dba@yiannikosdental.com or via our website www.dbamastership.com.

Looking forward to our next trip of business growth and educational development!

Editorial note: This article was published in roots – international magazine of endodontics No. 04/2017.
Fixed complete prosthesis with no screws and no cement

New restoration concept using LOCATOR F-Tx®
Dr Karl-Ludwig Ackermann, Gerhard Neuendorff & Janez Fiderschek, Germany

The fifth German oral health study (Deutsche Mundgesundheitsstudie) showed that the population in many countries is ageing and the desire for better quality of life related to the preservation of teeth and their functionality, among other things is constantly increasing. Periodontal disease is a major cause of tooth loss, as tooth loss results in a decreased ability to maintain physiological masticatory function, as well as a decreased general quality of life. Edentulous people exhibit a lower self-esteem by being excluded from normal masticatory function. The following article describes the fabrication of a fixed superstructure for the edentulous mandible that uses an innovative attachment system.

Dental implants as support for a removable dental prosthesis were introduced many years ago as a treatment option and as an alternative to a conventional complete denture. In the past ten years, considerable efforts have been made to develop new fixed prosthesis without the need for it to be cemented or screw-retained.

Case presentation

The treatment plan consisted of a removable overdenture on four implants in the maxilla and a fixed prosthesis on four implants for the edentulous mandible with the aid of the LOCATOR F-Tx attachment system (Figs. 1–3). This treatment procedure, managed by means of prefabricated system components, will be presented in the following section step by step.

Fig. 1: Post-op control radiograph. Fig. 6: Completed set-up and wax-up of the maxilla and mandible. Fig. 7: Sufficient inter-arch distance between the opposing dentition and the retentive elements must be assured. Fig. 8: The framework dimension is defined by the available space between the anterior and posterior walls of the alveolar bone. Fig. 9: Trapezoidal and symmetrical distribution of implant placement across the midline for a balanced load distribution. Fig. 10: Preparation of the metal framework.

The surgical procedure was performed after clinical and osseous diagnostics and by using surgical templates (Figs. 4 & 5). Both arches were planned with a minimum of four implants in a cross arch placement and symmetrical distribution which is advantageous in order to guarantee optimised support and load distribution.

Surgical measures

Initially, complete prosthetic planning and laboratory procedures to re-establish the proper vertical and occlusal dimensions was completed. This required the positioning of teeth in the patient’s mouth in order to meet the functional, phonetic and aesthetic demands of the patient (Figs. 6–8). Of course, the focus was also on the spatial orientation of the attachments (LOCATOR F-Tx abutments and denture attachment housings), the prosthetic teeth and the prosthetic restorative material.

The treatment was made to develop new fixed augmentation procedures (e.g. Dr Paulo Maló’s All-on-4 concept). Most restorations are cement- or screw-retained solutions. For the past year, an innovative attachment system has been available that combines the clinical comfort and structured laboratory techniques of a fixed complete prosthesis with no screws and no cement.

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The LOCATOR F-Tx attachment system is delivered from the manufacturer in an all-in-one package. The spherical geometry interface between the abutment and denture attachment housings allows the correct positioning of the housing in the proper angulation for the best prosthetic outcome of the prosthesis. This spherical feature also makes it possible to use the attachment system with implants with up to 20 degrees of divergence from a common vertical.

An indirect technique was used to transfer the position of the implants to a working model and housing be placed supra-gingival for maximum adhesion to the prosthesis. Also, the denture attachment housings with the processing balls must be seated on the abutments before the pick-up procedure of the metal framework. The framework should always be designed and milled in such a way that a small (max. 0.1 mm) cement gap exists between the framework and denture attachment housings.

In order to ensure a passive fitting framework, final pick-up of all the denture attachment housings in the framework must be done chairside, all at the same
time, and before any further laboratory adjustment steps are performed. The denture attachment housings were aligned as parallel as possible within the aesthetic contour of the prosthesis and block-out spacers were placed on the abutments below the denture attachment housings to block out all undercuts. The framework was cemented on using a metal-to-metal cement (Figs. 15–17). The setting time of the cement is ten minutes.

Final adjustments of the framework were performed (Fig. 18). In order to maximise aesthetics, the metal framework was coated with an opaque material (Fig 19). In the meantime, a panoramic radiograph was taken to confirm that the abutments were seated gap-free on the four implants in the mandible (Fig. 20). In the maxilla, four telescopic self-cleaning (Figs. 22 & 23). A symmetrical implant placement distribution in the mandible and maxilla guaranteed a stable centric relation and articulation with no aesthetic compromise.

Integration

After removal of the process-stabilise the fixed prosthesis (Figs. 27–29).

Anatomically correct final prosthetic designs of the prostheses must be done similar to screw-retained restorations in the edentulous maxilla and mandible. This is most evident from the tool allows easy removal of the prosthesis by leveraging off the retention balls. However, it also must be emphasised that the retention balls are single use only, so new unused retention balls must be used when reseating the prosthesis.

Conclusion

The attachment system presented here is a valuable addition to the prosthetic therapy options for fixed restorative procedures in the edentulous mandible and maxilla. The cost-benefit ratio is also favourable when compared to other options. The principle of a stable occlusion with symmetrical lateral distribution of implants and a limited posterior extension/cantilever ensures the secure retention of the prosthesis and contributes to the optimisation of speech and the recovery of unrestricted masticatory function. If required, alternative measures such as the fabrication of a removable prosthesis are quite possible.

abutments were screwed into the maxillary implants (Fig. 21).

The teeth were attached to the metal framework using denture acrylic. In addition to the aesthetic requirement of the case, it is important to design the shape of the prosthesis’ intaglio surface to be functional, aesthetic and offer better oral hygiene, which allows the patient easy access for frontal view (Fig. 30). The edge of the mandibular prosthesis is given a scalloped shape to allow self-cleaning through salivary flow, use of a water pick and accurate intraoral cleaning.

In addition, it should be mentioned that the LOCATOR F-Tx prosthesis can easily be removed by the clinician at any time. A user-friendly metal bar and loop extension/cantilever ensures the secure retention of the prosthesis and contributes to the optimisation of speech and the recovery of unrestricted masticatory function. If required, alternative measures such as the fabrication of a removable prosthesis are quite possible.

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66th JADR meeting to be held in Sapporo

By DTI

SAPPORO, Japan: Annually, the Japanese Association for Dental Research (JADR) holds a meeting at which the top craniofacial and dental scientists convene to share knowledge and discuss new ideas. To be held on 17 and 18 November, this year’s edition will cover a wide variety of scientific and technological fields in dentistry to advance the dental sciences, the association has announced.

“JADR has played important roles in global development of dental science in Japan. Although we should always focus on the clinics, sometimes we wander in a labyrinth of basic research. Accordingly, we have decided to designate ‘Back to the tangible—the symbiosis of basic research and clinical dentistry’ as the main theme of this meeting,” said Prof. Hidehiko Sano, chairman of the 66th annual meeting of JADR.

Over the course of the two days of the congress, which will take place at Hokkaido University’s Clark Hall, attendees will have the opportunity to enjoy various papers featuring some of the most prestigious speakers from the industry. The scientific programme will include lectures by Profs. Yoshimasa Kitagawa, Hideharu Hibi and Junji Tagami, to name just a few.

“It is our great honour and pleasure to hold such a prestigious meeting in Sapporo. We would like to take this opportunity to express our sincere gratitude to Professor Kazuhisa Yamazaki, along with all our distinguished guests for their attendance and participation,” Sano added.

JADR is extending a sincere invitation to all interested dental professionals and scientific researchers to attend the event this November. More information can be obtained at www.jadr66.umin.jp.

The non-profit scientific and educational organisation is a division of the International Association for Dental Research.
Programme released for inaugural Dental Aesthetics Meeting in Asia

By DTI

SINGAPORE: The Dental Aesthetics Meeting in Asia (DAMA) has released its conference programme. This first edition of DAMA is to be held on 28 and 29 September in Singapore at the Marina Bay Sands hotel.

Organised by the Aesthetic Dentistry Society Singapore (ADSS), DAMA 2018 is themed "Learning | Collaboration | Inspiration" and will inform dental professionals on the latest in dental science and practice to assist them in achieving aesthetic outcomes for their patients. To encourage dentists in the Asia Pacific region to update their skills and knowledge of aesthetic dentistry, the event will also host the biennial meeting of the Asian Academy of Aesthetic Dentistry (AAAD), where its next president, Dr Kim Myung Jin from South Korea, will be inaugurated.

"Today’s patients are increasingly demanding regarding aesthetic outcomes for their dental treatment. DAMA intends to assist dental practitioners in meeting this demand by inspiring attendees with the latest developments in aesthetic dentistry," explained Dr Jeffrey Seow, chairperson of the organizing committee.

The main scientific programme will feature lectures on various topics. Highlighted papers include "Teamwork in everyday practice: Cosmetic/worn dentition/implant, guided and predictable approach between the dental clinician and the dental technician" by Koubi and Kuday, "The power of pink: Techniques for pink composite restorations with bioactive giromer composites" by Milnar and "Simplified restorative procedures in the daily practice" by Dr Giulio Pavolucci.

In addition, the conference will include the Asian Showcase of the AAAD, during which speakers from Asia will highlight the interactions between various dental specialties and aesthetic dentistry. "With the development of materials, digital technologies and imaging hardware and software, it is now easier to incorporate aesthetic treatment into every dental professional’s daily workflow," explained Dr Ronnie Yap, President of the AAAD.

Seven hands-on workshops on the pre- and post-congress days have been planned for dentists who wish to supplement the theoretical knowledge that will be shared at DAMA 2018. These workshops have limited spaces available to ensure an optimal presenter-attendee ratio.

DAMA attendees will be able to meet exhibitors at the Exhibition Networking Reception, to be held on 28 September, to help them expand their professional network. Guests at the reception will have time to talk over light refreshments in the exhibition hall.

Online registration for DAMA 2018 is now open at www.dama.sg.
Interview: “I believe that innovation is the engine of a company”

Founded in 1890, W&H today operates globally as a leading manufacturer of dental instruments and devices. With over 1,200 employees worldwide, the company exports its products to over 110 countries. The family-owned business runs two production sites in Bürmoos and one in Brusaporto in Italy, as well as 19 subsidiaries in Europe, Asia and North America. Recently, W&H President Peter Malata sat down with Dental Tribune to discuss the enduring success and philosophy of the company.

Only a few dental companies worldwide can look back at a 125-year history. In your opinion, what are the main reasons for the long-standing success of W&H?

There are several factors to which I would attribute our successful participation in the dental market for such a long time. Firstly, innovation. W&H’s history is a story of numerous technological developments and innovations, such as the Roto Quick coupling, the first push-button chuck system for turbines, the first high-speed contra-angle handpiece for preparation up to 200,000 rpm; Assistina, the world’s first cleaning and maintenance unit; Lisa, the first Class B steriliser available on the market; Synea Vision, the first turbine with 3× ring LEDs; and our latest innovation, the Prima Advanced Air turbine. We have continuously provided products and services—tailored customer solutions made in Austria—that not only support dentists and their teams on a daily basis, but also make their daily work easier. Our products are used in dental practices, dental clinics, dental laboratories, and oral and maxillofacial surgeries in over 110 countries around the world.

Secondly, our internal apprenticeship programme is of particular priority to us. We regard this as an investment in the future. With our comprehensive training programme, we not only focus on the professional education of young people, but also support their personal development.

Third, we rely on continuity: we put an enormous amount of trust into our employees. Team spirit is of utmost importance to us. The level of education of our workforce...
is very high and expertise is passed on from colleague to colleague. Additionally, we rely on a generational mix within our teams and a long-lasting staff membership, enabling continuity and thus productivity at a very high level.

As a member of the Malata family, you have headed the company for over 20 years. Looking back, what have been the most significant developments or achievements during that time?

I took over the business from my father, Consul Di Peter Malata, in 1996. My goal was not only to grow the business, but also to keep our processes lean. That’s why I decided in 1998 to introduce a team-oriented structure in the company, just to name one significant measure of many. Today, about 700 employees at our headquarters in Bürmoos are organised into over 100 teams.

Another important cornerstone was the internationalisation of W&H. Today, we operate three production sites—two in Bürmoos and one in Brusaporto—and 19 subsidiary companies around the globe.

How do you approach innovation at W&H?

The basis for W&H’s steady growth is the consistent employment of state-of-the-art technologies and a dedicated focus on research and development. I believe that innovation is the engine of a company and my personal goal is to create more room for it. The continuous expansion of our R & D department involves not only the hiring of additional staff, but also the creation of workplaces that allow for and foster creative collaboration and communication. In addition, we focus on collaboration with universities and research centers, as well as obtaining ongoing feedback from users regarding their experiences.

Currently, around 13 per cent of our employees work in the R & D department at our headquarters. The focus of their activities is on innovative, high-quality medical devices and intelligent solutions for our customers and partners. The goal is optimal support for dentists in their day-to-day work with advanced hardware and software solutions. The close cooperation between the development and manufacturing departments has allowed W&H to respond quickly to changes in the market and incorporate customer requirements into new, sustainable solutions.

At W&H, “People have Priority”. Would you please explain the philosophy behind this slogan?

As a global dental company, we serve all people in maintaining and improving dental health. We are a family business and have been family-owned for 60 years. We strive for long-term, trusting and appreciative relationships with patients, customers, partners and employees, on relationships on which one can depend. Our corporate values—reliability, expertise, openness and sustainability—are therefore not just on paper, but actually realised.

In March 2018, you launched a new image campaign, “From a patient to a fan”. How has this influenced the perception of your company by patients and partners?

We have received very positive feedback on our new image campaign, directly from customers and partners, as well as via our social media channels. We want to make it clear to dental professionals and their practice teams that W&H is there for them as a solutions provider and does its utmost to support them in overcoming their daily challenges.

In practice, this means that our products offer true added value to the treatment process. By optimising and streamlining workflows, we want to enable dentists and their teams to give their undivided attention to patients throughout the treatment process. Since the light conditions in the mouth are usually poor, it is our task, for example, to ensure that our products provide sufficient light. When the dentist’s hands ache after a long day’s work, it’s up to us to create lighter, more ergonomic instruments.

In addition, of course, the products have to work intuitively, reliably and, above all, precisely.

Our products are characterised not only by innovative solutions, but also by many small details that make a real difference in the daily work of our customers.

You recently announced your acquisition of Swedish company Osstell. How has this step complemented your offering?

Ostell and W&H have successfully worked together since 2016. The first result of this cooperation was the new Implantmed module.

Ostell is known for its implant stability measurement and osseointegration monitoring products. The acquisition was part of our strategy to expand into the surgical segment. Our aim is to broaden our competence and strengthen our position as a leader in the field of implantology.

In addition to your production facilities in Austria and Italy, you currently maintain subsidiaries in 19 countries around the world. What are the key markets for you, and where do you see most potential for growth in the future?

W&H is active globally and our efforts are extended to all markets. We do of course have specific goals for the different markets according to their needs. To identify these, we have our 19 subsidiaries, 16 area managers, and a vast number of outstanding reliable partners, who allow W&H to guarantee rapid delivery and seamless technical service anywhere in the world.

In recent years, we have also established subsidiaries in China and India and strengthened our sales activities in the Asia Pacific region. These are the markets in which we see the greatest potential at the moment.

The dental market is changing faster than ever before. What are your strategies for staying ahead in this challenging environment?

Our main goal is to provide true added value to our clients with all our products and services. As mentioned before, we are focused strongly on R & D and—I am personally very proud to say—doing so with great success. The Prima Advanced Air turbine, which has recently received the Staatspreis Innovation [national innovation award] from the Austrian Ministry of Economy.

With the Prima Advanced Air turbine, the rotation speed of the bur can now be set precisely and as a result of electronic regulation remains constant even when the contact pressure increases. In addition to the innovative drive technology, the turbine offers all the advantages of a W&H Synea Vision turbine.

Finally, the interconnectivity of our products and services is playing an increasing role, for example the option to control our tools via smartphones or tablets, and automated inventory management and service scheduling.

Where do you see W&H in the next ten to 20 years?

W&H has further expanded its position in the global dental market, collaborating with our partners and respected by competitors.

Thank you very much for the interview.
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