



Challenges are what we face. Problems are what we create.

We are aware of the challenges facing practitioners. There is an ever changing landscape of new technology, a deeper understanding of the progression of disease and restitution of health with an increase in our ability to deliver high quality treatment to a patient with high expectations. It is essential that we stay abreast of the changes. A. Prof Zimet was recently able to visit Southern Dental Industries - an Australian company at the forefront and cutting edge of change. Through our Twilight programme we hope to make your task of staying in tune with advances in the profession a little easier.



TWILIGHT SEMINARS 2017

Please note our new August date. We look forward to welcoming you.

Thursday 10th August 2017:

Dr Simon Hinckfuss:

How would the Three Little Pigs build their implant crowns? The influence of implant crown design on peri-implant health.

How does the design of implant crowns/bridges affect clinical outcomes for patients? The mechanical and biologic advantages and limitations of CAD/CAM implant restorations will be compared with traditional approaches. The lecture will focus on single tooth and short span bridges. A key objective is to enable clinicians to minimise implant complications.

4:30pm - Welcome

5:00pm - Lecture

7:30pm - Conclusion

Dr James Brichko:

How to determine working length; from radiograph to apex locators and even CBCT?

Accurate working length determination is essential to achieving predictable endodontic outcomes. This two part lecture will explore the science of apex locators providing practical tips to improve accuracy before delving into the role of CBCT in contemporary endodontics.

Monday 23rd October 2017:

Dr Cheng Rossiter:

How to practise Conscious Sedation safely tomorrow.

Bookings for Twilight Seminars are essential.

Please phone 9794 9677 fax 9794 0558 e-mail zimendo_reception@netspace.net.au

Name: _____ Practice name: _____ Phone: _____

Address: _____

E-mail: _____ Payment \$66 Per Seminar

Twilight Seminar: 2 3 TOTAL PAYING: \$ _____

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Please retain this form as your tax invoice. ABN 43 597 217 614. Payments include GST.

THE PRACTICAL CORNER: CLINICAL CASES AND DISCUSSION

CASE STUDY 1:

Dr Simon Hinckfuss

“How would the Three Little Pigs build their implant crowns?
The influence of implant crown design on peri-implant health”

The Dilemma

This implant bridge from 24-26 fractured on the day of insertion. What could have led to the fracture and how could this problem be prevented? This and similar scenarios will be presented.



CASE STUDY 2:

Dr James Brichko

How to determine working length; from radiograph to apex locators and even CBCT.

Tooth 24 (Figure 1) has a diagnosis of a necrotic, infected pulp with asymptomatic apical periodontitis. The patient opts to try to retain the tooth with root canal treatment.

You access the tooth (after temporisation with stainless steel band) and locate two canals coronally which appear to merge into one apically. Your apex locator reading is consistent so you do not take a working length radiograph.

Four weeks later the patient returns for the obturation and core placement, the tooth has continued to be happily asymptomatic. You reaccess the tooth and take a master cone radiograph (Figure 2). The GP appears short of radiographic apex but the apex locator reading continues to be consistent.

You know that endodontic outcome is most predictable when teeth are obturated to within 0.5mm of the apex. Do you extend your length by 1.5mm or do you obturate to the length of the master cone radiograph?



Figure 1



Figure 2

CASE STUDY 3:

Dr James Brichko

Three months after you completed root canal treatment and a direct composite core with cuspal overlay your patient returns complaining the tooth is still causing some intermittent discomfort. Clinically the tooth is slightly tender to percussion but otherwise clinical findings are unremarkable. You take a PA (Figure 3). What are your differential diagnoses?

The patient remarks that she remembers actually having had a 'scan' taken of the tooth the day prior (see representative slices Figures 4 & 5). What do you see? Is your list of differential diagnoses and possible treatment options altered?



Figure 3

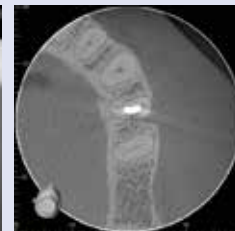


Figure 4



Figure 5

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