Welcome to our first newsletter of 2015! We hope you have had a restful break and a good start to the new year.

**PRACTICE NEWS:**
As an additional feature of our seminar programme “Whole of Practice Seminar” will be introduced into the seminar programme. Patient management involves a seamless transition of the patient from the initial telephone call through to the delivery of treatment and completion of the treatment plan. It is important for the dental assistant and administrative staff to assist and the value of appropriate documentation. The presenters for this session are Genda Farmer, Carly O’Neill, Rachael Craft, Marilyn Cohen, Philippe Zimet.

For advanced notification of these seminars please email your contact email address to us. Email Carly, zimendo_reception@netspace.net.au

The seminar will be directed to all members of your team and how they can improve the efficient and effective delivery of care.

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**TWILIGHT SEMINAR: TUESDAY 17 MARCH 2015**

“The challenge of the young dental patient. Triaging the young patient presents many challenges that are different to the adult patient. Patients may present as emergency patients complaining of pain or following trauma.”

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<td>Conclusion</td>
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**Dr Susan Hinckfuss**
Dr Susan Hinckfuss will discuss how we manage the behaviour our young patients to accept dental treatment often in adverse circumstances such as after trauma or those presenting in pain. Susan will also discuss the considerations required when managing pulpal involvement of the primary dention.

**A/Prof Philippe Zimet**
A/Prof Philippe Zimet will address the treatment modifications required for the developing secondary dentition. Topics to be discussed will include vital pulp therapy following deep caries or traumatic pulp exposure and revitalisation of the necrotic pulp canal.

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**2015 TWILIGHT SEMINAR SERIES**

**TUES 17 MARCH, 2015:** The challenge of the young dental patient by Dr Susan Hinckfuss and A/Prof Philippe Zimet.

**THURS 16 APRIL, 2015:** Whole of Practice Seminar at 4:00pm. See Practice News above.

**WED 20 MAY, 2015:** SLIDING DOORS – The “what ifs” of treatment planning by Dr Sarah Chin, Dr Zainab Hamudi and Dr Vivian Liu.

**THURS 8 OCTOBER, 2015:** Managing complications of tooth extraction by Dr Nova Gibson. Management of temporomandibular disorder by Dr David Oliver.

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**THE PRACTICAL CORNER: RUBBER DAM IN DENTISTRY: SOME FRIENDLY TIPS**

Rubber dam was introduced to dentistry by Dr Sanford Barnum 150 years ago. Rubber dam used during treatment provides advantages such as cross-infection control, protection of soft tissues and efficiency for the clinician.

Many articles including Van Nieuwenhuyzen et al. (1994), Goldfein (2013) and Lin (2014) concluded that the use of rubber dam has a positive effect on outcome following root canal treatment. Hence rubber dam is regarded as standard of care for endodontic treatment. Rapid and efficient application of rubber dam enhances and expedites the treatment. Patient experience and outcome is therefore improved.

Here are a few tips we use to improve the application of rubber dam:

- Keep your selection of clamps to a minimum. Decide whether you prefer winged or wingless clamps. The clamps we use are #9 (anterior and some premolars), W2 or W2A for premolars, 26N or 27N for lower molars and W8A, 12A or 13A for upper molars.
- Ensure the clamp sits with 4 point contact on the candidate tooth.
- Minor marginal deficiencies may be sealed using a caulk such as OpalDam®, denture adhesive or impression material may also be used to fill any small voids between the dam and the tooth.
- Rubber dam comes in a variety of thicknesses-light, medium, heavy and extra heavy. Medium is usually best for endodontic treatment as it is flexible enough to stretch over the clamp while being strong enough not to tear.
- Although single tooth isolation is often taught, isolation of adjacent teeth can assist with orientation and allow for restoration without dam removal.
- Use of a plastic rubber dam frame allows you to take radiographs without removing of the frame. Frames range in shape from circular to U-shaped to hinged to aid access during root canal treatment.
- Don’t remove rubber dam when taking radiographs during root canal treatment. Use a holding device such as artery forceps to hold the film or sensor. Special baskets are used to support digital sensors when the sensors are positioned by artery forceps. (Fig. 1)
- Non-latex dam is often used as a default dam in some practices. There are many types of non-latex dam with different handling properties. You may elect to try a number of different brands to find the one that best suits your needs.
- Access during root canal treatment can often be made easier by marking the long axis of a tilted tooth with a felt tip pen and in the case of mandibular incisors ensure the correct tooth is being accessed.
- In the case of badly broken down teeth or patients with a fixed bridge or orthodontic fixed appliances, the application of a split dam technique may be necessary. (Fig. 2)
- Have your assistant retractor the rubber dam.
- Look at www.zimendo.com.au for video hints on the use of rubber dam in the video La Trobe Root Canal Treatment Chapter 3 (preparation of rubber dam), Chapter 7 (applying rubber dam) and Chapter 11 (use of denture adhesive as a caulk agent).

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**Fig. 1. Use of artery forceps to retain the basket of a radiograph film.**

**Fig. 2. Use of a split dam technique to isolate a fixed tooth-borne bridge. The dam is sealed with denture adhesive to prevent salivary leakage.**

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The seminar will be directed to all members of your team and how they can improve the efficient and effective delivery of care.

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**2015 Twilight Seminar Series**

**TUES 17 MARCH, 2015**: The challenge of the young dental patient. Triaging the young patient presents many challenges that are different to the adult patient. Patients may present as emergency patients complaining of pain or following trauma. The seminar will cover managing patient arrival, enhancing chairside assistance and the value of appropriate documentation. The presenters for this session are Dr Susan Hinckfuss and Dr Philippe Zimet.

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**References**