PRACTICE

MUST HAVES

Dentists are overwhelmed with options in materials and techniques. Manufacturers are constantly introducing "new and improved" materials. These materials are often introduced with little evidence to support their claims. There are publications dedicated to product evaluation that can help, along with the feedback of key opinion leaders, but we need to do more. Product research—in vitro studies and others—that is funded by larger corporations with reputable research facilities can be usually trusted, but is always better if it is duplicated independently.

Before you change products or techniques in clinical practice, it is important to spend some time evaluating the material or device. Take a critical look at its composition and examine the information provided by the manufacturer along with what is available in the literature. I am often surprised how many products that become popular have so little bench or clinical data. There have been a number of instances where a material has become very popular and it was later found to be a major clinical failure. Very few products I see introduced to dentistry have any clinical data and even fewer have any long-term clinical data.

I also suggest thinking about your own motivations for switching to a new product. Do you really need it? Is your current product working well? If yes, why are you switching? If not, what do you need and expect from a new product in that category? We need to avoid the urge to be the first on our block to work with a material just because it is a new. I am also not suggesting you be last on the block. I believe that common sense, some review of the evidence, and own our clinical judgment and evaluation can make a world of difference.

As I said a number of years ago in an interview, it's easy to see the attraction of new products, but it's important to remember what's really critical—and that's technique. New materials help the profession. But some practitioners are too concerned with switching to a new material and not concerned enough with doing the procedure correctly. The reality is, when there is a failure in dentistry, the majority of the time it's the technique or the operator that failed.

GERARD KUGEL, DMD, MS, PHD

WHAT DO YOU CONSIDER YOUR "MUST HAVE" PRODUCTS?

COMPOSITES
Tetric EvoCeram
SonicFill
Filtek
GrandioSO

DIGITAL IMAGING/ RADIOGRAPHY
DEXIS
Carestream
Schick

ADHESIVES/ BONDING/CEMENT
VOCO Futurabond
Panavia
Prompt L

MISC. PRODUCTS
Viscostat
DENTSPLY Cavitron
Ultradent Whitening

AMANDA SEAY, DDS

Narrowing it down to three products that I cannot live without is really tough. I have some favorite composites, bonding agents, burs, handpieces, etc, but the truth of the matter is there are many high-quality products on the market from several manufacturers that I can implement into my practice and get predictable results. I looked at this from the perspective of what has changed how I practice and the outcome of what I do. That being said, here are my three "can't-live-without" products.

Canon 70D Camera



Canon 70D with 100-mm macro lens and 270EX II speed lite. I have had a camera since the day I started practicing dentistry and I cannot imagine life without it. From new patient photos and patient education to diagnosis and treatment planning, lab communication, and esthetics. Being able to see a photo on a large computer screen gives you an ability to see things from a different perspective than from behind the patient's head in the chair. I take photos *every single* day.

Almore Shimstock Strip

Unglamorous as it may seem, it also happens to be the one thing that has given me the most predictability when it comes to doing my entire restorative needs. Whether it is doing one-unit restorations, full mouth rehabilitation, or equilibrations, it has decreased the number of postoperative adjustments tremendously. Even the thinnest occlusal paper cannot predictably let you know the difference in intensity and that little bit can make all the difference in some patients.

Hygienic Non-Latex Dental Dam

Again. Basic. Boring even. The truth is I am more efficient and work more effectively when a rubber dam is on. Whether prepping, filling, or seating a case, all of these procedures get a rubber dam in my office. I am not dealing with tongue, cheek, or moisture. Patients are actually more comfortable as well, and my intraoral time decreases significantly. My assistant also prefers to assist with rubber dam on. A plus for me, the patient, and my assistant equals a no-brainer in the practice.

"Being able to see a photo on a large computer screen gives you an ability to see things from a different perspective than from behind the patient's head in the chair. I take photos *every single* day.



Dr. Seay maintains a private practice in Mount Pleasant, South Carolina. Since graduating from New York University College of Dentistry in 2002, Dr. Seay has continued to expand her base of dental knowledge and skills through continuing education and advanced training. Dr. Seay shares her knowledge as a Kois Clinical Instructor in Seattle. Additionally, she has published articles covering the art and techniques of esthetic dentistry and serves on the boards of several peer-reviewed journals. She was nominated as one the Top 25 Women in Dentistry in 2012 and is an accredited member of the American Academy of Cosmetic Dentistry.

© charnsitr/ Shutterstock.com"