My neck hurts. I have been drilling and filling for many years, and have been hunched over a bit too much. Many years ago, I bought a pair of loupes. The idea was not only to improve my vision, but also to force me to sit more vertically. Several studies show the relationship between magnification and better posture. I must say that I am not the best when it comes to wearing loupes. I tend to be selective with the procedures. There’s no particular reason for this. I am just lazy.

The thought of a microscope has entered my mind. I have done several demonstrations and talked to many happy users among both specialists and general practitioners. Dentists who own a microscope are extremely passionate, almost cult-like. You would never be able to remove one from their practices. They try to bring more dentists into their fold, and there is a lot of user feedback in online forums with uses, examples, and helpful tips. Right now, my lame excuse is that I don’t have room for a microscope. I know it would be an asset to the practice and my spinal column.

An interesting new type of device, though, has appeared on dental meeting floors. A few bright scientists have noted that medical surgeons perform some procedures while looking at a monitor, and not directly at the operating field. Arthroscopic surgery is a perfect example. These new dental devices use a high-powered camera with direct lighting that illuminates and magnifies the oral cavity and displays an image on a screen. The operator sits perfectly vertical, and the monitor is placed directly in front of him or her. It is a bit odd, working on an oral cavity without looking at it. But, with the giant teeth and gingival tissue well lit, it soon becomes easy. If you prefer indirect vision, you can still use your mirror and look at its image on the big screen although it seems less necessary. With careful aim, you can look down pulp chambers and easily see canals and fractures.

The most visible device on the market is the MagnaVu (magnavu.com), which has been showing its wares for almost two years at major dental meetings. A casual passerby might not realize what he or she is seeing. Another is the Digital Surgical Scope (camsight.com). This device also features an array of networking possibilities with the company’s other products. These systems allow images to be frozen and stored for documentation and patient education. In addition, they would make an excellent adjunct for over-the-shoulder courses and teaching institutions.

A new entry is the DentiMag3D (stereoimaging.com). At a glance, it looks like the others. But when you put on a pair of polarized glasses, you view images in 3D. It is quite remarkable to look at the top of the condensed gutta percha down the palatal canal, or watch the calculus fly up at you. The image is reminiscent of “Honey, I Shrunk the Audience” at Disney.

At this juncture, the units are quite large and are located on carts that can move around the office. They can be wall- and ceiling-mounted. But that, of course, limits the units to one room. (I am sure the companies would not mind selling multiple units to each office.) It will be interesting to follow the turf wars among the dentists and manufacturers in each of the magnification camps.

XCPT

An interesting software product came across my computer screen recently. Florida periodontist, Dr. Steve Feldman, has compiled a patient education/treatment planning/imaging program. Using your patient’s X-rays or digital images, XCPT allows for real-time treatment planning with a patient participating at your side. With XCPT, the doctor and staff quickly draw or graphically drop crowns, implants, notes, and more right on their own images. In this way, the patient is able to see the plan of treatment and projected outcome. It has the feel of those football commentators who “draw” plays on the television screen during a game. The best explanation for the program is available on the company’s Web site (xcpt.com). Tutorials and a free, limited-time, working download are on the site. This program is an interesting blend of several types of products rolled into one.

This year looks like it will be a good one in terms of innovative new products coming to the marketplace. Keep an eye on your local dental meetings and the pages of this magazine for some astounding enhancements to your practice.

Dr. Paul Feuerstein installed one of dentistry’s first computers in 1978. For more than 20 years, he has taught technology courses. He is a mainstay at technology sessions, including annual appearances at the Yankee Dental Congress, and he is an ADA seminar series speaker. A general practitioner in North Billerica, Mass., since 1973, Dr. Feuerstein maintains a Web site (www.computersindenistry.com) and can be reached by e-mail at drpaul@computersindenistry.com.
“I’m hard to convince, but you did it. That was a great presentation!
I’m a computer process engineer.
I wish I could explain my projects as concisely.
That program is totally cool.
My husband has been saying ‘fix ‘em.
Wait’ll I tell him I’m going to.
See you in 2 weeks.”

Jennifer Jones: Age 53
New Patient
8 maxillary porcelain veneers
Metal based provisional 22-31
Implants x5: 23, 26, 28, 29, 30
21 RCT, post-core, crown
2 quad osseous + Emdogain™
Sinus graft-max-L PRP
Implant x1: 15
Coordinate appointment

Powerful treatment planning and Communication software. Full 90-day trial version free.
Go to www.xcpt.com or call 1.866.927.XCPT (9278) Now!