Register now!

Course 3 - 6 CPD Points

Saturday 14th April 2018 AND Saturday 8th September 2018

Henry Schein Training Facility 23A William Pickering Dr, Albany, Auckland Registration 9.am **Start:** 9.30am **Finish:** 4.30pm

Cost: \$550.00 + GST

Register online with Credit Card at www.henryschein.co.nz/educationandevents OR email the following details to events@henryschein.co.nz

Attendee Name	
Practice Name	
City	
Telephone number	
Henry Schein Account number	
Any dietary requirements	

Any cancellations made within 7 days of the course will incur a 50% fee to cover nonrefundable costs.

NZDA course accreditation does not imply promotion or endorsement of the contents of any course. Attendees need to use professional judgement to assess the validity and usefulness of techniques, materials or therapeutic products to their own practice.

events@henryschein.co.nz

Phone (09) 927 4050



Speakers



6

Steve Shepherd BSc, MSc, PhD (in-complete)

In 1984 Steve completed his BSc (Hons) in Biochemistry in Otago and received a scholarship from Gene Stock NZ to study a PhD in Immunobiology. In 1989 Steve moved to the UK to work with Septodont, developing a training programme for Dental Anaesthesia in Endodontics. Much of this time was

devoted to developing basic skills training in Endodontics, developing courses with Key Endodontists in the UK and Europe as well as development of an Endodontic Surgical DVD training course.



Dr Imran Cassim BDS, MSC

Imran Cassim qualified with a BDS degree from University of WITWATERSRAND In 1999.

He attained distinctions in Physiology, Pharmacology and Anaesthetics during his undergraduate study.

In 2009 He completed his Post Graduate Diploma in Endodontics at University of PRE-TORIA (cum laude). He achieved second place for his case presentation at the European Endodontic Forum held at Interlaken, Switzerland in June 2011. In 2014 he completed his MSc at University of Pretoria. He moved to Tauranga ,New Zealand in 2017 and is currently working at PyesPa Dental



Dr Abdul Aziz BDS/D Clin Dent

Dr Aziz graduated from the University of Otago with a Bachelor of Dental Surgery (BDS) in 1995.

After 11 years as a general dentist in New Zealand and Australia, Dr Aziz completed Doctor of Clinical Dentistry (DClinDent) in Endodontics at the University of Otago. Dr Aziz practiced as a specialist endodontist in Melbourne and returned to New Zealand 2010. Dr Aziz has published articles in international and local endodontic journals. He has also authored a chapter in Methods of Molecular Biology text book.



Dr Harish Lala Bsc, BDS (Otago), MDsc (Melb), M.R.A.C.D.S (Endo)

Dr. Harish Lala graduated BDS from the University of Otago in 1988 followed by his MDSc from the University of Melbourne in 1995. Harish works in a specialist Endodontic practice in

Remuera, Auckland. He has an interest in the practical aspects of endodontics based on established bio-mechanical procedures. He has experience in hands-on education and has lectured in New Zealand, Australia and the Pacific Islands. He has used the Root ZX apex locator since 1994 and is an advocate of magnified vision and endodontic microscope work as standard.

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The usual suspects. Inappropriate mechanical debridement, persistence of bacteria in the canals and apex, poor obturation quality, over and under extension of the root canal filling, and coronal leakage are some of the commonly attributable causes of failure. Despite the high success rate of endodontic treatment, failures do occur in a large number of cases and most of the time can be attributed to the above. With an ever increasing number of endodontic treatments being done each day, it has become imperative to avoid or minimise the most fundamental of reasons leading to endodontic failure.

Henry Schein will host a series of Hands on courses and Lunch and Learns during 2018 that will teach clinical skills associated with the above challenges.



Saturday 14th April 2018 & Saturday 8th September 2018 AUCKLAND

FULL DAY HANDS-ON COURSE

 Assessment Diagnosis and CBCT (What are we looking at, 2D/3D Perceptions) (30 min) 6 HOURS

- When to refer is there a protocol to follow in decision making re- when to refer to the AAE Guidelines (30 min)
- Isolation it's easy its quick! (30 min)
- Hot Pulps anaesthesia (LA, Wand, STA) (30 min)
- Access, Ultrasonics, MB2's, Negotiation, Glide Path, pulp anatomy/physiology, Locating and negotiating difficult canals. (30 min)
- Shaping, Working Length Reciprocating, Rotary, Hand (30 min)
- Irrigation Protocols (30 min)
- Medication Protocols (30 min)
- Obturation Single Cone/Bioceramics, Vertical Condesentation (30 min)
- Restoration Considerations/requirements, Techniques, challenges (30 min)
- Hands on Negotiation/Shaping/Obturation (3 hours)

(Timings approximate) is very advantageous.



THIS COURSE INCLUDES...

If modern clinical techniques were carefully followed, many common endodontic problems would never occur. Incorrectly designed access cavities may make root canals both difficult to identify and to instrument. Many root canals, particularly in the elderly patient, are difficult to locate. The pulp chambers may be sclerosed or contain large pulp stones and the root canals may be so fine that even when located, they are difficult to negotiate. These are but a few challenges..... (Having many 'Tips and Tricks' to overcome Specific problem solving in Endodontics is critical) ...

LEARNING OBJECTIVES

- Improving Negotiation Skills
- Becoming more consistent in WL techniques
- Obturation Skill Enhancement
- Value of CBCT
- Why endodontically treated teeth fail and how to prevent failure (or at least delay it as long as possible)

WHAT TO BRING

- ✓ Extracted teeth with access cavities
- ✓ Loupes / safety glasses



1. Treatment plan needed....what would you all do?

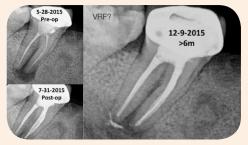


- RTC done 8yrs prior
 Recent hx of discomfort, swelling; on antibiotics
- Probing to apex on buccal (~10+mm)

2. So....you'd like to see cbct...



...now what do you say



The issue -

Alveolar bone height suggests this is not a true perio defect but actually is a pseudo perio defect. This has to be Endodontic in origin and, considering the poor quality of the original rct, it was screaming for retreatment with an excellent prognosis.

