

BRAND NAME	BRAND NAME DESCRIPTION N		PURCHASE SOURCE			
EYE PROTECTION						
Efficacy Criteria: Completely covers eyes to block splatter, tolerates routine disinfection, comfortable.						
Face Shield For Operator						
Loupes Face Shield	Shield that accommodates loupes & headlamp	Ultra Light Optics	ultralightoptics.com			
Eye Covering for Operator or Patient						
Googles Eye Shields	Wrap around disposable plastic lens & frame	KaVo Kerr Group	Most Dental Distributors			
Helpful Accessory						
Kimtech Lens Cleaning Station	Kit= Cleaning solution & non-scratching Kimwipes Kimberly Cl		Most Dental Distributors			
FACE MASKS						
Efficacy Criteria: Adapts well to fa	cial contours (peripheral fit), high filtration of ve	ery small particles, does r	not contact nose or lips.			
Soft Pleated Masks						
Critical Cover PFL with Magic Arch	Only Level 3 mask with potential for 360° excellent facial fit on most faces (Headband 608 series) or (Earloop 615 series)	Alpha ProTech	800-749-1363 Alphaprotech.com			
Isolator Plus N95 Mask	N95 certified respirator has same design as Critical Cover, but upgraded filtration & double headband	Crosstex	Most Dental Distributors			
Preformed Cup Masks						
Triple Layer Molded Mask #2042	Pre-formed cup & headband with good fit	3M	Benco Dental			
#1860 N95 Molded Mask	N95 certified pre-formed cup mask	3M	Benco Dental			
GLOVES						
Efficacy Criteria: Low defects, goo	d fit, good tactile sensitivity, resistance to tearin	g, adequate cuff length.				
Xlim Nitrile Gloves	Nitrile powder-free exam gloves	Cranberry	henryschein.com			
Nitrident Stretch+	Nitrile powder-free exam gloves	Am-Touch	amtouch.com			
AloePRO Synthetic Exam Gloves	Textured <u>latex</u> powder-free exam gloves	Dash Medical	dashmedical.com			
Le Soothe Sapphire	Latex powder free exam gloves	SmartPractice	smartpractice.com			
PROTECTIVE CLOTHING THA	AT IS AUTOCLAVABLE & DISPOSABLE					
Efficacy Criteria: Made of polypropylene to tolerate repeated steam sterilization						
Knee Length Disposable Lab Coat	SMS fabric coats come in 12 colors	Sara Glove	866-664-7272 saraglove.com			
Lab Jacket, Disposable	SMS fabric coats come in 30 colors	Sara Glove	866-664-7272 saraglove.com			
PRE-TREATMENT RINSE						
<i>Efficacy Criteria:</i> Validated log ₁₀ reduction of relevant microbes within clinically relevant type & amount of human protein.						
ioRinse RTU	100 ppm <u>molecular</u> iodine ready-to-use rinse (use two 30-second rinses)	ioTech International	561-509-0205 Ext. 5 lotechinternational.com			
Peridex	0.12 chlorhexidine gluconate	3M	Most Dental Distributors			
DENTAL UNIT WATERLINE VALIDATION						
Efficacy Criteria: For validation of heterotrophic organism counts in water emitted from unit syringes & handpieces.						
Independent Lab that Verifies Dental Unit Water by Culturing Water Samples Submitted by Office						
Standard Check D-R2A	Office orders online number of sample tubes wanted & receives kit with directions. & packaging for sending samples to lab for testing.	Sterisil	719-662-7200 sterisil.com			
"Quick Look" Dental Unit Water Culture Performed by Staff In-Office						
Quick Pass In-Office Waterline Tester	Culture medium on paddle, shows results in about 72 hours.	ProEdge Dental Products	henryschein.com			

AIR BURIEICATION DURING ACTIVE TOOTH EXCAVATION						
Efficacy Criteria: Brouides reliable high efficacy air purification during active retary instrument use 9 requires minimal maintenance						
2x4 foot fan filter unit provides HEPA pure air: 888-315-1561						
ECM Phantom	ceiling hung over treatment area.	Gordon Cleanroom	gordon-inc.com			
SURFACE DISINFECTANTS						
fficacy Criteria: Verified fast kill of resistant non-enveloped virus in presence of fresh human whole blood.						
ZaPro Surface Disinfectant	95% wt ethyl alcohol, 0.13 wt benzalkonium	Cao Group	877-877-9778			
	(1 min contact time)	Cao Group	caogroup.com			
BioSURF	70.5% wt ethyl alcohol, .02% chlorhexidine gluconate (3 min contact time)	Micrylium	877-777-3303 www.purelifedental.com			
Lysol Brand III IC Disinfectant Spray	58% wt ethyl alcohol, 0.1% benzalkonium chloride (10 min contact time)	Reckitt Benckister	Most Dental Distributors			
HAND ANTISEPTICS						
Efficacy Criteria: Rapid antimicro	obial activity & non-irritating to skin.					
Hand Wash 4% Chlorhexidine	Formulation					
Hibiclens	4% chlorhexidine, 4% isopropyl alcohol	Mölnlycke Health Care	Most Dental Distributors			
Hand Rub Ethyl Alcohol Gel						
ZaPro Hand Sanitizer	94% wt ethyl alcohol gel .05% zinc pyrithione in cellulose. Dries on hands quickly.	Cao Group	877-877-9778 caogroup.com			
Purell Advanced	ell Advanced 70% volume ethyl alcohol gel GoJo		Most Dental Distributors			
STERILIZERS						
Efficacy Criteria: Provide sterilizat	ion of instruments to meet FDA specifications, w	ith minimal damage to ir	nstruments.			
Steam Heat Sterilizer, Rapid						
StatIM G4 (2000, 5000)	2000: steam; small chamber (107.8 in ³) 5000: steam: large chamber (315 in ³) SciCan		scican.com			
Steam Heat Sterilizer, Conven	tional					
EZ11 <i>Plus</i>	Steam; large chamber (1,882 in ³)	Tuttnauer	tuttnauerusa.com			
M11 UltraClave	lave Steam; large chamber (1,710 in ³) Midmark		midmark.com			
STERILIZER MONITORS						
Efficacy Criteria: Biological monitor that verifies heat sterilization.						
In-office Biological Monitor						
3M Attest Mini Auto-reader	Mini Auto-reader Sterilization monitor set that gives 24-minute results. (incubator & biological indicators) 3M		henryschein.com			
INSTRUMENT CLEANING & DISINFECTION						
<i>Efficacy Criteria:</i> Instruments cleaned without hand touching & disinfected with chemicals verified to kill in presence of fresh human whole blood & other human proteins.						
Instrument Washers for Cleaning Instruments Before Disinfection or Sterilization						
Dental Washer Disinfector Under counter model #PG8581 Miele mieleusa.com						
Hydrim L110W G4	m L110W G4 Under counter or free-standing model		scican.com			
3+% Glutaraldehyde						
Maxicide Plus	3.4% glutaraldehyde soak	Henry Schein	henryschein.com			
pdCARE Plus	CARE Plus 3.4% glutaraldehyde soak Patterson pattersondental.co					
Non-Glutaraldehyde Alternative for Individuals Sensitive to Glutaraldehyde						
Cidex OPA	0.55% o-phthalaldehyde	Advanced Sterilization	Most Dental Distributors			



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ZIRCONIA CROWNS: What dentists and labs need to know!

Uncertain economic futures have focused patients on *durability* and *affordability* of esthetic crowns. Our 10-year continuing study involving 121 dentists and 1,046 esthetic crowns shows *zirconia ceramics uniquely fulfill these criteria*. So far, ALL of 16 different zirconia ceramics have 100% survival in clinical service, with even the newer unproven esthetic zirconias all surviving their first service year without fracture. This finding is unique to the zirconias vs. the other esthetic crown materials in this study.

This report updates clinicians on:

- (1) Important terminology
- (2) Strength numbers they can expect
- (3) Clinical performance of a variety of zirconia formulations
- (4) Brand names tied to physical properties claimed by source companies
- (5) Emerging contra-indications for zirconia.

Crown Survival Graph (Kaplan Meier) shows <u>fracture survival</u> up to 10 years of 1,046 esthetic molar crowns from 5 material categories.

<u>NOTE</u>: Only the 2 Categories of zirconia (*Tetragonal and Cubic Containing*) have <u>NO fractures in service</u>.



1. Critical facts about zirconia—Why isn't this information communicated with every crown?

Transparency about zirconia <u>formulation</u>, <u>physical properties</u>, <u>clinical indications</u>, and <u>specific brand name milled</u> should be *MANDATORY* for every restoration delivered to dentists and their patients. Lack of this information is causing misunderstandings leading to poor choices and handling that affect restoration durability. Patients want restorations that appear to be their natural teeth—and they *expect* them to last! This study is showing zirconia has potential to fulfill these patient expectations. However, labs & dentists must have <u>correct information</u>. The fickle strength numbers are a large part of the overall problem, along with the aggressive promotion of the unproven Cubic Containing 4Y & 5Y formulations, and secrecy about additives to the zirconium oxide which could negatively affect some patients with hypersensitivity issues.

EXPLANATION OF CHART BELOW:

<u>Column (1)</u> lists in <u>red</u> the commonly used "Y" terminology (*which refers to the "mol %" of the oxide yttria in the formulation*), and lists in <u>black</u> the correct terminolgy established by international agreement.

Column (2) lists the amount of yttria in the formulation by "mol %" (red) and by weight % (black).

Column (3) lists the approproximate ratio of the strong Tetragonal versus the weaker Cubic crystals in the 3Y, 4Y, and 5Y formulations.

<u>Columns (4) and (5)</u> list the flexural strengths and fracture toughness values agreed upon internationally as reasonable expectations for the Tetragonal and Cubic Containing zirconia formulations.

Columns (6), (7), and 8 list the flexural strengths and fracture toughness values claimed by the companies selling the brand names listed.

INFORMATION NEEDED TO UNDERSTAND ZIRCONIA			STRENGTHS, FRACTURE TOUGHNESS & CLASS CLAIMED BY SOURCE COMPANY 🖈				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Commonly Used Terms	Mol % Yttira ≭		Internationally Agreed Upon Numbers for the 2 Zirconia Classes		Flexural Strength	Fracture Toughness	Brand Names & Source Company
Correct Terms	Weight % Yttria		Flexural Strength	Fracture Toughness	(MPa)	(MPa√m)	
					1200	?	Alien HT (Alien Milling Technologies)
		~100% Tetragonal		>5	1100	?	Alien Multi-Layer (Alien Milling Technologies)
21					1250	testing in process	ArgenZ HT+ (Argen)
3 T Zirconia	2 mol %				1100+	5.0	BruxZir (2009) (Glidewell)
Tetragonal		&	>800 MPa		800	5.0	BruxZir NOW (Glidewell)
Class 5 Zirconia	4.5-6.0 weight %	~0% Cubic			1100+	5.0	BruxZir Shaded (Glidewell)
					1243	5.1	ZirCAD LT (Ivoclar Vivadent)
					1200	5.1	ZirCAD Prime Core and ZirCAD Prime Incisal (Ivoclar Vivadent)
					1200+	5.0+	Zirlux 16+ (Zahn Dental)
4Y Zirconia Cubic Containing or Class 4 Zirconia	≥4 mol % 6.0–8.0 weight %	~75% Tetragonal & ~25% Cubic	>500 MPa	>3.5	850	3.6	ZirCAD MT (Ivoclar Vivadent)
	≥5 mol %	~50% Tetragonal & ~50% Cubic	>500 MPa ●	>3.5 ●	650	2.1	BruxZir Anterior (Glidewell)
5Y Zirconia Cubic Containing or Class 4 Zirconia 9.0					870	2.7–3.1	BruxZir Esthetic (Glidewell)
					720	4.8	CubeX ² (Dental Direct)
					748	3.2	Katana STML (Kuraray Noritake)
	the for height /				800	>4.0	Lava Esthetic (3M)
			NOTE: ISO does not differentiate between Cubic Containing Zirconia formulations 4Y & 5Y				

* Yttria: An oxide added originally to zirconium to stabilize the crystal structure in its strongest Tetragonal configuration, now increased to change refractive index and give zirconia more translucence, but increase in yttria results in strength reductions.

★ Claimed Strengths & Fracture Toughness: Marketing, use of different test methods, and manipulation of techniques cause important variations in strengths claimed by different companies.

SUMMARY:

• As more yttria is added to improve esthetics (*3Y versus 4Y–5Y*), the strength and fracture toughness decrease.

- As the percentage of strong Tetragonal phase zirconia is replaced by the weaker Cubic phase (*3Y versus 4Y–5Y*), the <u>strength and fracture</u> toughness decrease.
- Market competition encourages exaggeration of strength and fracture toughness numbers beyond those generally expected which leads clinicians to choose the less proven Cubic Containing zirconia over the well-proven Tetraganol zirconia since strengths and fracture toughness appear similar in ads, when they are not.

2. Which brands and zirconia categories are in this study—and what has been observed?

Brand Name	Mol % Yttria	2020 Service Years	2020 % Clinical Survival			
Tetragonal Zirconia ("3Y")						
Alien HT	3Y	1	100			
Alien Multi-Layer	3Y	1	100			
ArgenZ HT+	3Y	1	100			
BruxZir (2009)	3Y	10	100			
BruxZir Now	3Y	2	100			
BruxZir Shaded	3Y	1	100			
Pavati Z40.1	3Y	2	100			
ZirCAD LT	3Y	4	100			
ZirCAD Prime	3Y core	1	100			
Zirlux 16+	3Y	3	100			
Cubic Containing Zirconia ("4Y & 5Y")						
ZirCAD MT	4Y	1	100			
BruxZir Anterior	5.5Y	2	100			
BruxZir Esthetic	4.7–4.9Y	1	100			
CubeX ²	5Y	1	100			
Katana STML	5–5.5Y	4	100			
Lava Esthetic	5Y	3	100			
ZirCAD Prime	5Y incisal	1	100			
High Stre	ngth Glass	s Ceramic				
Celtra DUO	—	1	73			
e.maxCAD	—	10	94			
Polymer Containing						
Camouflage Now	—	2	98			
CeraSmart	—	4	93			
Enamic	—	4	94			
Lava Ultimate	—	5	89			
Veneer Ceramic over Zirconia						
Press Ceram/Metoxit	3Y	3	48			

DURABILITY & ESTHETIC OBSERVATIONS BY CATEGORY

• Tetragonal Zirconia ("3Y")

- <u>Abuse Tolerance</u>: EXCELLENT, whether or not cemented. With minimal preparations (*similar to cast gold prep*), **BruxZir** (2009) has survived below stresses for 10+ years:
 - coarse diamond recontouring while hand held before cementing
 - very thin small zirconia areas on occlusal or axial walls
 - all levels and types of occlusal habits
 - refusal to wear night guard
 - endo entry access
- <u>Blend with surrounding dentition</u>: FAIR to GOOD, but can be **EXCELLENT** if skilled lab stains in green state, fires correctly, & polishes carefully without over polishing to gray iridescence.
- Cubic Containing Zirconia ("4Y & 5Y")
 - <u>Abuse Tolerance</u>: VERY GOOD so far—<u>after</u> cementation. These formulations are newer and not yet fully proven, but <u>this</u> <u>study shows</u> materials in this category require careful handling:
 - Following brands did not always tolerate handheld recontouring and overall 1% fractured *before cementation:* Alien Multi-Layer BruxZir Anterior BruxZir Esthetic CubeX2
 - <u>do not tolerate</u> very thin areas
 - may fracture during endo entry access (endo entry with Class 4 zirconia not needed in this study yet, <u>BUT</u> fracture has been reported by CR readers). (Endodontic referral dentist needs warning of possible fracture.)
 - <u>Blend with surrounding dentition</u>: VERY GOOD & can be EXCELLENT if lab technician is careful.

• High Strength Glass Ceramics

- Abuse Tolerance: E.Max in molars VERY GOOD. With tooth preps used in this study (1.5 to 2.0 mm occlusal, 1.5 axial, deep chamfer margin), it had 94% fracture survival in 10+ years. Celtra DUO in molars POOR. It had 73% fracture survival during 1 service year.
- <u>Blend with surrounding dentition</u>: GENERALLY EXCELLENT.

Polymer Containing

- <u>Abuse Tolerance in molars</u>: GOOD with 88% fracture survival up to 5 years <u>BUT</u> *retention failure (debonds)* <u>was unusually</u> <u>high in this category at 25–36%</u>, except for CAMouflageNOW which had only 4% retention failure after 2 service years. **Other crown categories in this study each had ±2% retention failure**.
- <u>Blend with surrounding dentition</u>: VERY GOOD to EXCELLENT.

Veneer Ceramic over Zirconia

- <u>Abuse Tolerance</u>: POOR. These had 52% of crowns with large veneer ceramic fractures compromising occlusion and/or proximal contacts by 3 service years.
- <u>Blend with surrounding dentition</u>: GOOD to EXCELLENT, depending on lab technician.

3. What internationally agreed upon information on ceramics do I need to know?

International Terminology	Porcelains	Leucite Glass-Ceramics	Lithium Disilicate High Strength Glass Ceramics	Cubic Containing Zirconia	Tetragonol <u>Zirconia</u>
Classes of Ceramics	Class 1	Class 2	Class 3	Class 4 "4Y & 5Y" Zirconia	Class 5 "3Y" Zirconia
International Agreed Upon Strengths to Expect in Each Class	Flexural Strength: <100 MPa	Flexural Strength: >100 MPa	Flexural Strength: >300 MPa	Flexural Strength: >500 MPa	Flexural Strength: >800 MPa
	Fracture Toughness: <1.0	Fracture Toughness: >1.0	Fracture Toughness: > 2	Fracture Toughness: > 3.5	Fracture Toughness: >5
Suggested Appropriate Clinical Uses	Veneering Ceramics	Single Unit Anterior or Posterior Adhesively Cemented	Single Unit Anterior or Posterior	Single Unit Anterior or Posterior	4 or More Units Anterior or Posterior
International ISO 6872 Specification on Ceramic Classification shown in chart form. For FDA registration, companies must present data to prove they are either a					

Class 4 or Class 5 zirconia. (Chart adapted from Morris G. Esthetic Ceramic Restorations using ADA Approved ISO Standards. J Dent Technology 2018; 22–24.)

<u>NOTE</u>: Lab prescriptions specifying just "zirconia" or checking a brand name on a form without knowing true strengths are *negligent*.

4. What are <u>CONTRA-INDICATIONS</u> for any class of zirconia? (where appropriate cast metal may be indicated) • Tooth preparations allowing less than 0.6 mm occlusal • Where precision attachments are indicated.

- Tooth preparations allowing less than 0.6 mm occlusal reduction and corresponding inadequate wall thickness.
- Zirconia opposing zirconia in extremely active heavy occlusions to avoid microscopic breakdown. (See Fig. 1 below.)
- When opposing contact is cast gold or polymer to avoid extreme wear. (See Fig. 2 below.)



Figure 1. (a) Scanning electron microscope (SEM) 10x image shows 1 chip (arrow) & 2 very small stress areas (ovals) on 8-year Class 5 zirconia. (b) Far right oval area magnified to 110x looks ominous, but it has changed little in 8 years of heavy 24/7 bruxing on zirconia opposing zirconia crowns.



• Where optimum esthetics is a priority (unless the lab knows how to stain in green state, fire correctly, & polish <u>without over</u> <u>polishing to gray iridescence</u> (no glaze used)).

Figure 2. SEM 10x image of cast gold opposing Class 4 zirconia at 3 service years.



KEY CLINICAL ACTION POINTS FROM THIS RESEARCH ARE:

- (1) If the patient is seeking <u>durability</u> and <u>affordability</u>, choose <u>Class 5 zirconia</u> whenever possible. BruxZir (2009), now called BruxZir Shaded, has demonstrated excellent durability for 10+ years, and its laboratory fees have not changed since 2009. Class 5 zirconias have the strength and toughness to deliver a <u>margin of safety</u> needed to survive common clinical abuses.
- (2) The terminology and numbers in the <u>table above on this page</u> should be memorized or posted on your wall, and sent to your laboratory technician to post on his/her wall so you can communicate.
- (3) Demand that your lab provide essential legal data with <u>each restoration</u>. This includes: Brand name of the zirconia disk milled for that restoration, Zirconia ISO Class, Mol % additives to the zirconium oxide (<u>IdentCeram Certificates</u> do not fulfill these needs, but they provide the only listing of zirconia content available today, and should also be provided with each restoration). <u>NOTE</u>: This information is CRITICAL because 1) It is unwise to place materials in patient's bodies without full disclosure of constituents, 2) Rogue zirconia disks are sold directly to labs from uknown sources without FDA clearance documents available, making content and quality unknown.
- (4) Collect <u>independent</u> data on performance of <u>specific brand names</u> of zirconia. Choose which you prefer and <u>always specify brand name on</u> <u>every prescription</u>—otherwise the laboratory chooses, and this may or may not be what you had in mind for the patient.
- (5) E.max Class 3 non-zirconia ceramic has performed extremely well in this clinical study. It has esthetics and strength well suited to anterior restorations, but is not the most durable choice for <u>molars</u>.
- (6) The Cubic Containing zirconias began to appear in the U.S. about 5 years <u>AFTER BruxZir</u>. Their clinical durability is **NOT YET PROVEN** and is confounded by the ongoing introduction of additional formulations. *In vitro* research on Cubic Containing formulations that exceed 4.5 mol % yttria report performance similar to E.max, indicating best for anterior restorations and less durable on molars.
- (7) Zirconia does not outperform and outdate metals in all cases. Cast metal and PFM restorations are still indicated (see Section 4 above).