

Lifestyle

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ITI World
Symposium | 20
24

IS **DIGITAL
DENTISTRY**
REACHING
THE TIPPING
POINT?

+ A Transformative Solution
In Treating Complex Cases

UPCOMING
COURSES

TAKE A BREAK SIT BACK Relax



What Is DENTAL DIARIES?

Practicing dentistry at the highest standards today is a challenge. As dentists we have to stay on top of a rapidly changing science, decide among growing technological innovations and new products and serve patients with ever changing needs and expectations. All these, while striving to maintain work-life balance in difficult times for all can be tough and it is no surprise that dentistry is among the most stressful professions.



At the Dental Diaries, we aspire to support dentists of Hong Kong and Macau on every step. Every quarter, our editorial team will gather the most up-to-date news in the dental field, short scientific articles and case studies, together with lifestyle information, suggestions and ideas to balance a busy working life with some fulfilling personal time. We also want to foster a network, by sharing messages, news and classified ads for the local dental community.

We hope that every time you receive the latest Dental Diaries, you will not only gain professional knowledge, but it would also make your break a little bit more relaxing!

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ITI World Symposium | 2024



A Flagship Event For Implant Dentistry

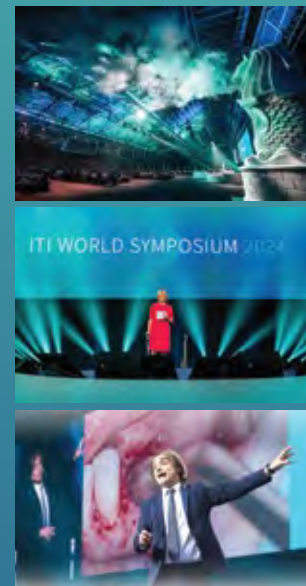
OVER 5,500 PROFESSIONALS FROM 100 COUNTRIES!

The seven-year wait is over! The International Team for Implantology (ITI) hosted the ITI World Symposium 2024 in Singapore from May 9 to 11. This flagship event attracted a record-breaking attendance of over 5,500 professionals from more than 100 countries, making it the largest ITI World Symposium to date and the first to be held in Asia.

The symposium motto “Every patient has a story: Evidence meets patient perspectives to guide clinical care”, underscored the event’s focus on evidence-based science and patient-centric approaches. Over the course of three days, the symposium delivered a compelling program of lectures, discussions, and learning content centered around five key topics:

1. **Soft tissue management**
2. **Guided bone regeneration (GBR) and bone grafting**
3. **Immediate implant placement**
4. **Peri-implantitis**
5. **Digital workflow**

These topics were selected based on feedback and preferences from the global ITI community. The scientific program committee, led by Dr. Daniel Wismeijer, curated a fast-paced and informative mix of lectures and live-commented video presentations showcasing nine real-world patient cases. This innovative, patient-focused approach allowed the expert speaker team of over 50 leading international specialists to deliver holistic solutions to complex treatment challenges.



“The ITI has given us so much on protocol and made my treatment success fairly predictable,” attendee Dr. Michael Cai from Australia said at the event.

Attendees of the ITI World Symposium 2024 were captivated in three days of robust lectures, engaging discussions, and immersive learning opportunities. In addition, it also featured an engaging industry exhibition. This dynamic trade show component allowed attendees to explore the latest innovations, technologies, and product offerings from leading companies in the dental implantology space.





Over 40 professionals from Hong Kong

The ITI World Symposium 2024 welcomed a distinguished delegation of dental professionals from Hong Kong facilitated by the local dental solution organization, Peak Dental Solutions HK. Through comprehensive logistical arrangements, Peak Dental Solutions ensured a seamless and immersive three-day experience for the Hong Kong cohort.

Creating a sense of community, connection, and growth

The trip was not solely focused on learning - it also provided ample opportunities for the Hong Kong delegates to engage in recreational activities and cultivate valuable professional connections. This holistic experience enabled the participants to gain cutting-edge insights, explore innovative technologies, network with peers, and enjoy downtime - all with the aim of driving continued advancements in the praxis and delivery of dental healthcare on both regional and global scales.



'During the ITI World Symposium 2024, I can meet and learn from the top Straumann users and world-class lecturers. The symposium is not only eye-opening but also an entry to some of the leading future concepts in dental implantology. Peak's colleagues treated me like a super VIP, everything is so well-organised! And lastly, the Straumann beach party is super FUN and definitely memorable!' Attendee Dr. Ma said.

'ITI World Symposium was worth attending for the top-notch faculty and especially for the chance to network with other colleagues from all around the world! The most memorable part of the trip was meeting fellow young professionals who are eager and passionate about learning and sharing our knowledge and experiences about implant dentistry. Peak Dental did an excellent job organizing all the transportation and accommodations and entertainment so that my trip was completely worry-free and I could wholly focus on attending the conference' Attendee Dr. Cheung said.

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DR. TERESA
CHANTING SUN



DR. PRANAI
NAKAPARKSIN



DR. KANIA KARLINDA



DR. STEFANI CHEUNG

ITI Study Club Meeting

Dental Implant Laboratory Procedures and Considerations

SPEAKER Dr. Tang Chun Lok, Ernest
BDS(HK), MDS (ImplantDent)(HK)

DATE & TIME 11th Sep 2024 | 7:30 P.M. – 9:30 P.M.

FEE ITI Members: Free
Non-ITI Members: 500 HKD



ITI Study Club Meeting

Early Vs Immediate Implant Placement At Aesthetic Zone: Clinical Cases Presentation & Common Aesthetic Complications

SPEAKER Dr. Fung Wai Ki
BDS (HK), MDS (Periodontology) (HK), FRACDS, Adv Dip Periodont (HK), MRD RCSEd (Perio), FCDSHK (Perio), FHKAM (Dental Surgery)

—

Dr. Bosco Hui
BDS (HK), MDS(OMS)(HK), MOMS RCSEd, FCDSHK (OMS), FHKAM (Dental Surgery)

DATE & TIME 25th Sep 2024 | 7:30 P.M. – 9:30 P.M.

FEE ITI Members: Free
Non-ITI Members: 500 HKD

VENUE Meta Stages, 6/F, V Point, 18 Tang Lung Street, Causeway Bay



Lecture



First Launch Meeting 2024. Conjoint with YOMS

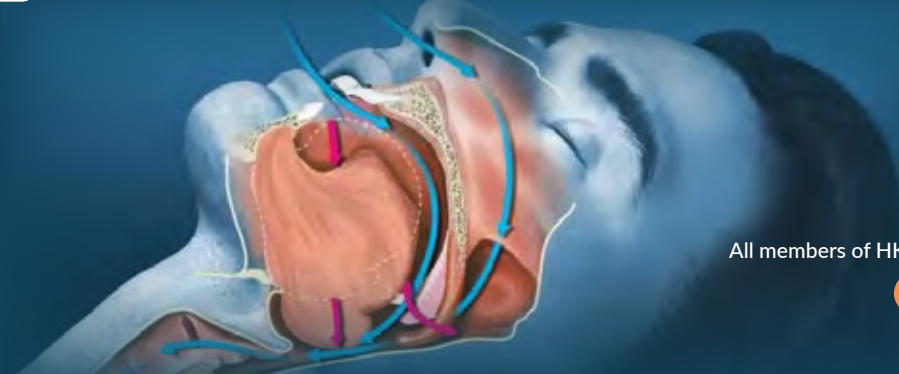
Obstructive Sleep Apnea – How are we related?

Obstructive sleep apnea is a global health issue and it negatively impacts one's health and quality of life. It should be approached as a chronic disease requiring long-term multidisciplinary management. In this session, an overview on obstructive sleep apnea and our roles as part of the multidisciplinary management would be discussed.

SPEAKER Dr. Ronald Chan | Dr. Jeni Ho | Dr. Irene Lau | Dr. Vicky Tsui | Dr. Annie Wan

DATE & TIME 26th Sep 2024 | 7:00 P.M. - 9:00 P.M.

VENUE Centre of Dental Education, 17/F, CEO Tower, 77 Wing Hong Street, Cheung Sha Wan, Kowloon, Hong Kong



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All members of HKADSM and YOMS are welcome

CME: Application in progress

Refreshment provided

Lecture

Live Surgery

Hands-On

Straumann Implants Essentials: Starting Your Journey in Implant Dentistry

SPEAKER Dr. Hui Sheung Yu, Bosco
BDS(HK), MDS(OMS)(HK), MOMS RCSEd, FCDSHK(OMS), FHKAM(Dental Surgery)



TYPE	DATE & TIME	FEE	LEARN MORE
Lecture & Hands-on (Module 1-4)	3 rd , 16 th , 31 st Oct, 14 th Nov 2024 7 P.M. – 10 P.M.	7,500 HKD <i>Early bird 6,000 HKD ends on 6th Sep 2024</i>	
Live Surgery Demonstration (Module 5)	Nov – Dec 2024	1,500 HKD	
Mentorship (Module 6)	Jan – Jun 2025	12,000 HKD	

VENUE Centre of Dental Education, 17/F, CEO Tower, 77 Wing Hong Street, Cheung Sha Wan, Kowloon, Hong Kong

Overseas Program

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Study Club

CC Café: ClearCorrect Aligner Case Review and Modification**SPEAKER**

Dr. Jimmy Tsai

DDS, Orthodontic Specialist of Taiwan Association of Orthodontists
 Visiting clinical instructor in Wan-Fang Hospital, Taiwan
 Executive Director of TAAO, President of Taipei Medical University orthodontist group

DATE & TIME23rd Oct 2024 | 7:30 P.M. - 9:30 P.M.**FEE**

Free of Charge

VENUE

Centre of Dental Education, 17/F, CEO Tower, 77 Wing Hong Street, Cheung Sha Wan, Kowloon, Hong Kong



LEARN MORE

Lecture

Hands-On

**ClearCorrect Certification Course:
Fundamentals of Clear Aligner Therapy****SPEAKER**

Dr. Jimmy Tsai

DDS, Orthodontic Specialist of Taiwan Association of Orthodontists
 Visiting clinical instructor in Wan-Fang Hospital, Taiwan
 Executive Director of TAAO, President of Taipei Medical University orthodontist group

DATE & TIME24th - 25th Oct 2024 | 9:00 A.M. - 6:00 P.M.**FEE**

2,300 HKD

Upon completion of the course, participants will receive 50%
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VENUE

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Live
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LANGUAGE: ENGLISH



Hands-on
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ITI Study Club Meeting

Essential Considerations for Full Arch Rehabilitation

SPEAKER

Dr. Cheung Chi Hang, Alex
BDS (HK), MDS (Pros) (HK), MPros RCSEd, FCDSHK(Pros),
FHKAM(Dental Surgery)

Dr. Bosco Hui
BDS (HK), MDS(OMS)(HK), MOMS RCSEd, FCDSHK (OMS),
FHKAM (Dental Surgery)

DATE & TIME

28th Nov 2024 | 7:30 P.M. – 9:30 P.M.

FEE

ITI Members: Free
Non-ITI Members: 500 HKD

VENUE

Meta Stages, 6/F, V Point, 18 Tang Lung Street, Causeway Bay



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Overseas Program

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Surgery in
Patient

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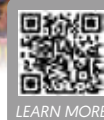
Live
Surgery



LANGUAGE: ENGLISH



Hands-on
Plastic Model



LEARN MORE

ITI Study Club Meeting

Terminology in Implant Dentistry: Know the Jargons
and the Significance

SPEAKER

Dr. Tang Chun Lok, Ernest
BDS(HK), MDS (ImplantDent)(HK)

DATE & TIME

18th Dec 2024 | 7:30 P.M. – 9:30 P.M.

FEE

ITI Members: Free
Non-ITI Members: 500 HKD

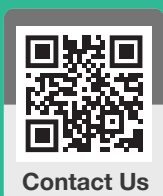


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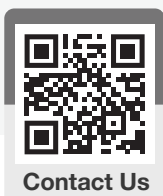
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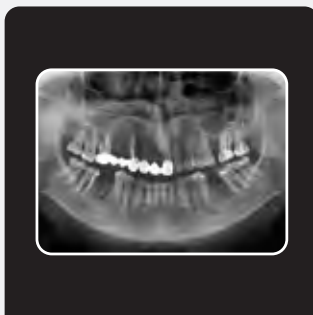
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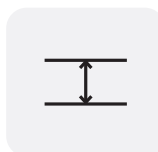
Smart in ergonomics.



The dental unit's arms are ergonomically adapted for your daily work.



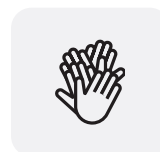
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Smart in daily dental operations.

Is Digital Dentistry Reaching the Tipping Point?



Dr. James Chow
BDS, MDS, OMFS Specialist,
FRCDS(Eng), FRCDS(Can)

Introduction

Digital dentistry encompasses a wide array of technologies that have been under development for several decades. Tools such as Cone Beam Computed Tomography (CBCT), intraoral scanners, 3D printing, CNC milling, and navigation systems have revolutionized the field by providing detailed insights and precise tools for treatment planning and execution. Early adopters of these technologies encountered significant challenges, primarily due to compatibility issues among different data formats and systems. However, continuous advancements have largely resolved these compatibility issues, leading to more integrated and cohesive digital workflows. Nowadays, the seamless integration of CBCT, oral and face-scanning files can easily generate a life-like digital clone of the patient (Figure 1). As digital technologies continue to evolve, their penetration rates are gradually increasing. For instance, a panel survey conducted by the American Dental Association in 2021 revealed that 53% of respondents had integrated intraoral scanners into their practices¹.

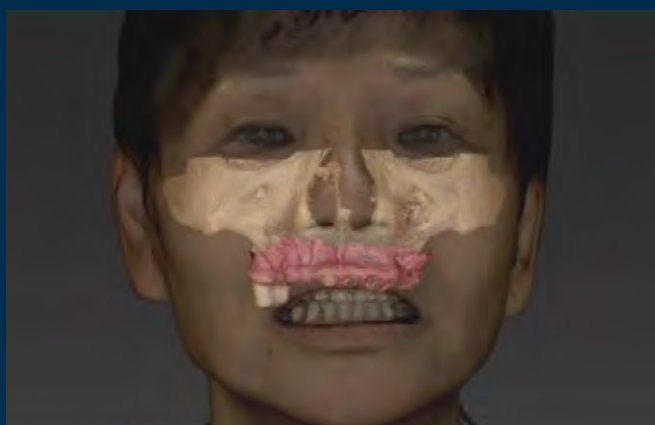


Figure 1: Digital clone of a patient is generated by combining data files from CBCT, oral and face scanning.



Figure 2a: Patient with the tracker and fiducial markers inserted is ready for autonomous robotic implant surgery.



Figure 2b: Zygomatic implant osteotomy performed autonomously by the robotic arm.



Figure 2c: Screenshot during robotic surgery.

While existing technologies are increasingly adopted by clinicians, new technologies are being developed and introduced to the dental community. Notably, two technological advancements—Robotics and Artificial Intelligence (AI)—have recently made significant impacts on digital dentistry.

Robotics²⁻⁴

Robotics is revolutionizing dental implant surgery by enhancing precision, efficiency, and patient outcomes. Advanced robotic systems can now assist surgeons in planning and executing implant procedures with unprecedented accuracy (Figure 2a-c). These robots utilize 3D imaging and AI-powered software to create detailed surgical plans, determining optimal implant placement based on the patient's unique anatomy. During surgery, robotic arms can guide the dentist's movements or even perform certain aspects of the procedure autonomously, minimizing human error and reducing invasiveness. This technology facilitates smaller incisions, faster recovery times, and more predictable results. Additionally, robotics enables complex procedures to be performed more consistently, potentially making advanced dental implant treatments accessible to a broader range of patients and practitioners.

Since 2017, robotic systems for dental implantology, such as YOMI by Neocis and Yakebot by YakeBot (Beijing) Technology Co., Ltd., has been introduced in America and China. Robotic surgery can be categorized into six different levels of autonomy based on the degree of control exerted by the robot versus the human surgeon. These levels range from complete human control to full robotic automation. Most FDA-cleared surgical robots are currently at Level 1, with some reaching Levels 2 and 3 autonomy. For example, YOMI belongs to the level 2 whereas Yakebot is level 3. The trend is toward increasing levels of autonomy in surgical robotics, but regulatory frameworks and safety considerations are still evolving to keep pace with these advancements.



Artificial Intelligence (AI)

With Machine Learning (ML) and Deep Learning (DL), AI is poised to revolutionize digital dentistry by enhancing diagnostics, treatment planning, and patient care. Advanced AI algorithms can analyze vast amounts of dental data, including X-rays, CT scans, and patient records, to identify patterns and anomalies with greater accuracy than traditional methods. This allows for early detection of dental issues such as cavities, periodontal disease, and oral cancers. Moreover, deep learning-based automatic segmentation can be utilized to analyze complex structures and conditions more efficiently (Figure 3)^{5,6}.

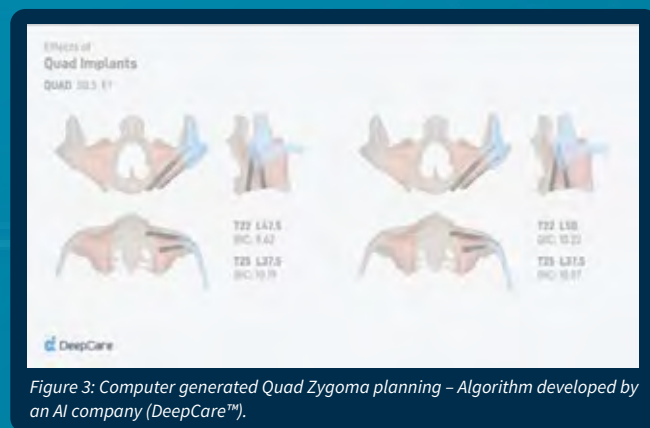


Figure 3: Computer generated Quad Zygoma planning – Algorithm developed by an AI company (DeepCare™).

AI-powered software can assist dentists in creating highly personalized treatment plans by simulating various scenarios and predicting outcomes based on the patient's unique dental profile. These digital replicas of patients enable more accurate simulations and predictions for treatments. AI algorithms can analyze vast amounts of data to identify patterns and predict outcomes, leading to more personalized and effective treatment plans.

Additionally, AI can improve the efficiency of dental practices by automating administrative tasks such as appointment scheduling, billing, and patient follow-ups, allowing dentists to focus more on patient care. With continuous learning capabilities, AI systems can stay updated with the latest

research and techniques, ensuring that dental professionals have access to the most current best practices. As AI technology advances, it promises to make dental care more accurate, efficient, and accessible, ultimately transforming the landscape of digital dentistry.

Challenges and Future Prospects

Despite the significant inroads made by digital technologies in dentistry, the industry has not yet reached a true tipping point of widespread, transformative digital adoption. One of the most significant obstacles to the widespread adoption of digital dentistry is the high initial investment required. Equipment such as CBCT scanners, 3D printers, and robotic systems represent a substantial financial commitment. Additionally, ongoing maintenance and software updates add to the long-term costs. Smaller dental practices may struggle to justify these expenses without a clear and immediate return on investment.

Adequate training is essential for clinicians to leverage digital tools effectively. This includes understanding the technology, interpreting digital data, and integrating these tools into everyday practice. Dental schools and continuing education programs are increasingly incorporating digital dentistry into their curricula, but there remains a gap in widespread training and proficiency among practicing dentists.

Despite advancements, achieving seamless integration across different systems and devices remains a challenge. Various manufacturers produce digital dentistry tools, each with proprietary software and data formats. Ensuring that these tools can communicate and share data effectively is crucial for creating cohesive digital workflows.

Conclusion

The tipping point for digital workflow in implant dentistry typically refers to the moment when the advantages of digital technologies—such as increased efficiency, accuracy, and patient satisfaction—overcome the inertia of traditional methods, leading to widespread adoption among dental professionals.

In summary, digital dentistry is on the cusp of a significant transformation, driven by continuous technological advancements. While the industry has not yet reached a tipping point of widespread adoption, the pace of change is accelerating. Overcoming the remaining barriers related to cost, training, and interoperability will be crucial for achieving full digital transformation. As AI and robotic technologies continue to evolve, they will play a pivotal role in shaping the future of dentistry, ultimately leading to more predictable, efficient, and effective patient care.

References

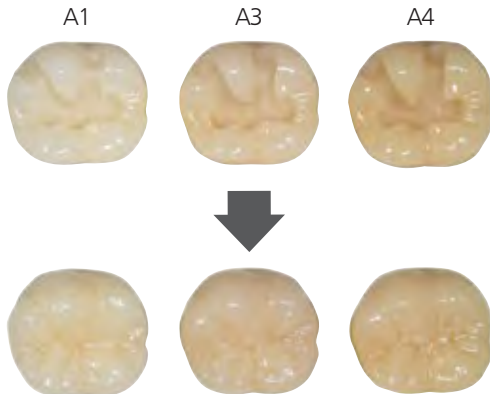
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3. Lee A, Baker TS, Bederson JB, Rapoport BI. Levels of autonomy in FDA-cleared surgical robots: a systematic review. *npj Digital Medicine* 2024;7:103.
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5. Tao B, Yu X, Wang W, Wang H, Chen X, Wang F. A deep learning-based automatic segmentation of zygomatic bones from cone-beam computed tomography images: A proof of concept. *J Dent* 2023;104:582.
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Color-matching Technology

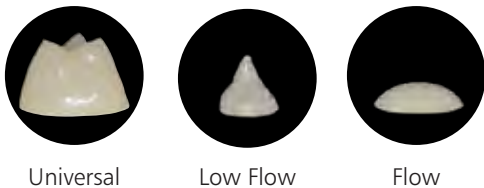
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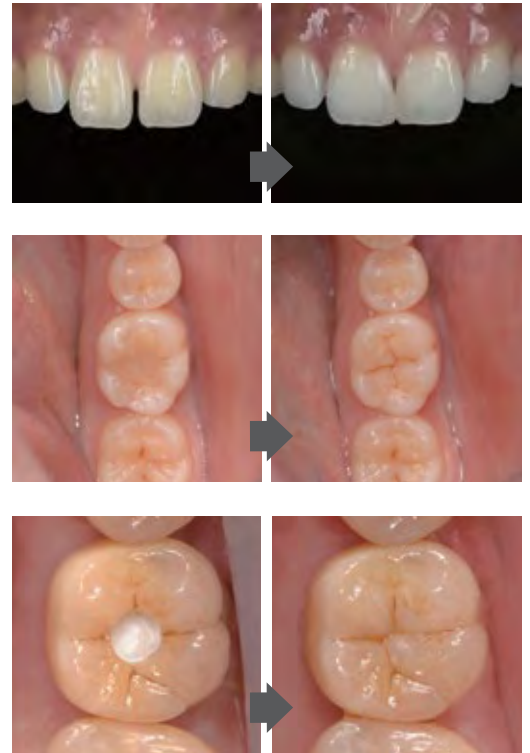
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After



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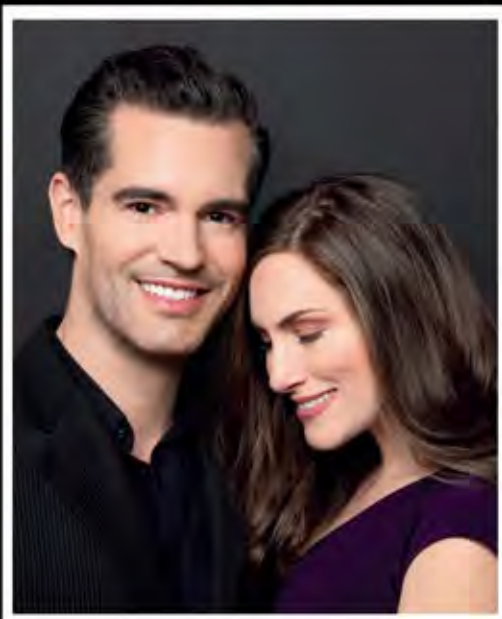
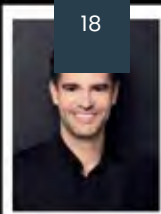
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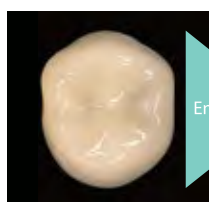
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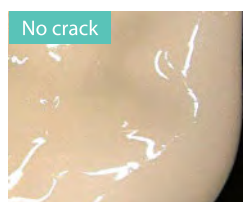


Small Curing Strain

Crack Evaluation Test



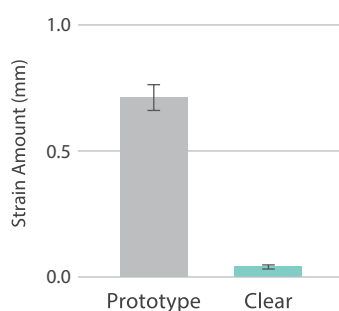
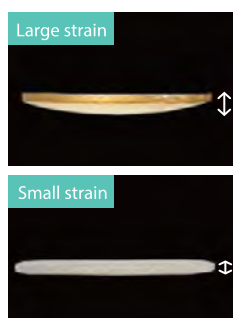
Enlarged



No crack

Clear

Evaluation of Curing Strain



Low Viscosity and Easy Application

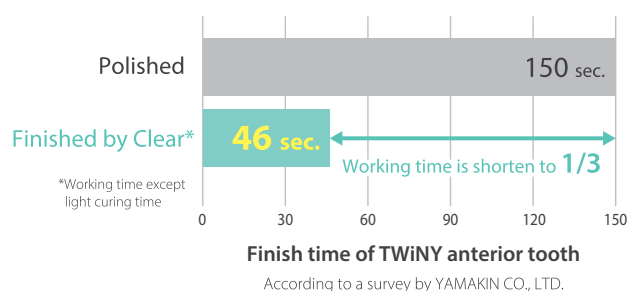


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UNLOCK THE FULL POTENTIAL OF **CLEAR ALIGNERS** WITH **CBCT** AND **FACIAL SCAN INTEGRATION**

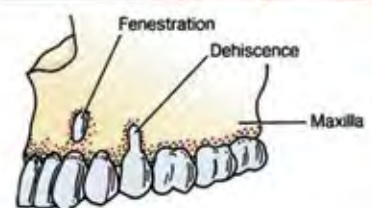
Clear aligner treatment (CAT) has transformed orthodontics with its 3D simulation capabilities, offering a new way to align teeth. In today's tech-driven world, dental technology plays a crucial role in treating orthodontic patients. While clear aligners have revolutionised the industry, there is always room for improvement.

ROOT MOVEMENTS

One of the major challenges in clear aligner treatment is controlling root movements, particularly root torquing and expansion. Traditional CAT planning, which relies solely on crown data from intraoral scans, often fails to accurately reflect the final occlusion due to the lack of detailed information about the underlying root morphologies.

The integration of **Cone Beam Computed Tomography (CBCT)** into the clear aligner workflow addresses this limitation. CBCT provides comprehensive, three-dimensional data on the entire tooth structure, including the root position and anatomy. This detailed information is crucial when planning arch expansion or tooth torquing, as it allows planners to assess the biological limitations and available bone support to **facilitate the desired tooth movements safely**, avoiding potential complications such as bone fenestration.

The thickness of the alveolar bone defines the boundaries of the orthodontic movement and challenging these limits may cause undesirable collateral effects for the periodontal tissues. The most critical orthodontic movement includes dental arch expansion and incisor buccal-lingual movements. Such mechanics can decentralize teeth from the alveolar bone envelope, causing bone dehiscences and fenestrations and gingival recession, depending on the initial morphology of alveolar bone as well as on the amount of tooth movement. Due to the high definition and sensitivity, helical and Cone-Beam CT images can show bone dehiscences and fenestrations.



WRITTEN BY
DR. BRIDGET LEE
TRIOCLEAR
CLINICAL
SPECIALIST,
SINGAPORE

By aligning the CBCT data with the intraoral scans, clinicians can now visualize a dimensionally accurate representation of each tooth and its root position relative to the alveolar ridge. This enhanced visualization enables more realistic treatment simulations and improves the predictability of the final occlusal outcome.

In parallel, the importance of facial analysis has grown, as clinicians recognise the need to consider the patient's overall aesthetic harmony when designing the optimal tooth movements. The integration of 3D facial scanning, such as RAYFace Scan, has enabled a more holistic approach to treatment planning, allowing clinicians to visualize the anticipated changes to the patient's facial appearance throughout the clear aligner treatment.

By using 3D facial scanning technology, this visual simulation helps manage patient expectations and ensures that the final result aligns with the patient's desired aesthetic. This increased transparency and shared understanding between clinician and patient can lead to higher patient satisfaction and treatment acceptance, ultimately contributing to the success of clear aligner therapy.



The NEW Trio iDesign 2.0 software takes this integration a step further by seamlessly combining both CBCT and facial scan data into a comprehensive digital treatment planning for TrioClear progressive clear aligners. With this software, the clinician can first capture a CBCT scan of the patient's dentition, providing a detailed, three-dimensional view of the entire tooth structure, including the root morphology and surrounding alveolar bone.

Next, the clinician can perform a 3D facial scan of the patient using RAYFace Scan, capturing the unique contours and soft tissue features of the patient's face. During the virtual treatment planning process, Trio iDesign 2.0 software then integrates the CBCT and facial scan data. It overlays the planned tooth positions from the clear aligner treatment onto the patient's facial scan, providing a realistic preview of the anticipated aesthetic outcome. This allows the clinician to visualize the patient's dentition in the context of their overall facial anatomy and proportions.

In summary, the combination of CBCT and facial scanning within the Trio iDesign 2.0 software represents a significant advancement in clear aligner treatment planning. By considering both the functional and aesthetic aspects of the patient's dentofacial complex, clinicians can now deliver personalised care that addresses the unique needs and desires of each individual, elevating the overall quality of clear aligner therapy.

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conducted by Dr. Chen Hsuan

- Dr Chen's Yue Ting Talent Smart Dental Clinic Visit
- Digital workflow in his practice & clinic
- RAYFace sharing from his technical aspect
- RAYFace showcase on his aesthetics patients
- LIVE PATIENT - Consultation (Patient communication and RAYFace & IOS scanning)
- LIVE PATIENT - DSD design from RAYFace to Exocad
- LIVE PATIENT - Veneer milling & Adaptation check

OCT 6 - LAB & CLINIC VISIT

- LIVE PATIENT - Veneer setting
- Q&A & Clinical Case Studies

OCT 7 - TPE DEPARTURE



Dr. CHEN HSUAN

Director of Aesthetics Department
Yue Ting Talent Smart Dental,
Taipei City, Taiwan

Rehabilitation of a Periodontally Compromised Patient Using a Novel Digital Workflow: A Case Report



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DCH (IRE), FHKAM (Paediatrics),
FHKCPaed



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BDS (HK), MDS (Pros) (HK),
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FHKAM (Dental Surgery)

Abstract

This case report demonstrates the successful rehabilitation of a periodontal compromised patient with multiple missing teeth using an innovative digital workflow. The workflow is characterized by its model-less approach, seamless data integration, and the ability to digitally duplicate the patient's existing prosthesis for planning. The patient received a temporary prosthesis within 24 hours, enhancing both aesthetic and functional outcomes.

Introduction

This case report aims to demonstrate the rehabilitation of a periodontal compromised patient with multiple missing teeth using a current CAIS digital workflow. This digital workflow is unique due to its model-less approach, seamless merging techniques, lack of wax-up try-in, and the ability to copy the patient's existing prosthesis and convert it to digital planning. The process involves photogrammetry and enables the delivery of a temporary prosthesis within 24 hours [Joda et al., 2017].

The value of this digital workflow extends to patients, clinicians, and labs by offering precision, streamlined workflow, and enhanced communication and collaboration between clinicians and technicians [Mangano et al., 2018]. Digital workflows in implant dentistry have revolutionized treatment planning and execution, allowing for more predictable outcomes and increased patient satisfaction [González-Martín et al., 2019]. Furthermore, the integration of digital technology in prosthodontics has been shown to reduce chair time and minimize errors, contributing to the overall efficiency of the treatment process [Papaspnyridakos et al., 2016].

Initial Situation

The patient is a 61-year-old individual. He was referred to Dr. Leung for the management of periodontal disease, presenting with mobile teeth and persistent gum bleeding, which impacted his ability to chew. The patient is a non-smoker with a clear medical history and no reported parafunctional habits. Despite being periodontally compromised with multiple missing teeth, periodontal condition is stabilised and the missing teeth were replaced by a removable partial denture. This denture maintained a stable occlusion and had an edge-to-edge incisor setup.

Periodontal disease is a common cause of tooth loss in adults, and its management often requires a multidisciplinary approach. In this case, the patient's periodontal condition was stabilized, and the missing teeth were initially replaced with a removable partial denture. However, the patient expressed a desire for a more permanent solution, leading to the consideration of a fixed prosthesis using a digital workflow.

Prep Op (#32 – 46)



Pre-operative photos

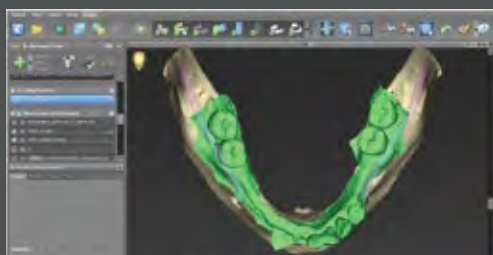


Patient with his existing denture

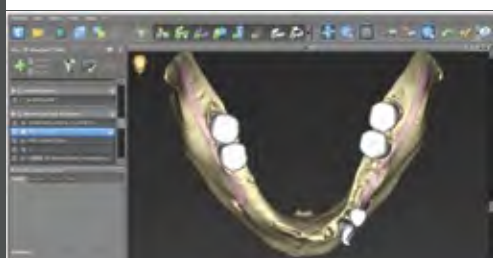
Treatment Planning

Intraoral scans of the upper and lower arches were performed. The existing lower denture was copied into a radiographic stent for implant planning, followed by a CBCT scan using the double scan technique. Implant positions were determined using a prosthetic-driven approach, with the setup of the existing denture teeth as a reference. The surgical guide and location of anchor pins were then designed [González-Martín et al., 2019].

The use of digital technology in treatment planning allows for precise and accurate placement of implants, which is critical for the success of the prosthesis [Joda et al., 2017]. By utilizing a prosthetic-driven approach, the implant positions can be determined with the final restoration in mind, ensuring a functional and aesthetic outcome. The surgical guide designed in this process helps to translate the digital plan into the clinical setting accurately.



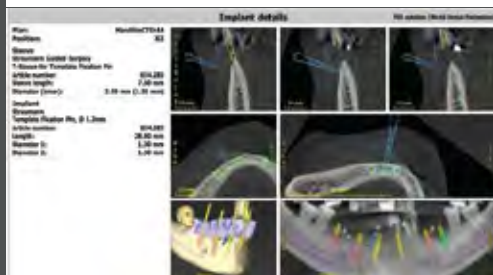
Merging of iOS with DICOM



Merged File



Incorporating existing lower denture for implant planning



Implant plan completed together with anchor pins



Design of the surgical guide

Surgical Procedure

The surgery was conducted under local anaesthesia using an open flap technique. A fully guided approach was employed, with four implants placed using a 3D-printed metal guide [Modern Dental Laboratory]. This guide reduces the risk of fracture, requires less tooth coverage, facilitates easier checking for complete seating, and includes irrigation holes without increased risk of breakage [Tahmaseb et al., 2014]. Employing a fully guided surgical approach ensures the precise placement of implants, which is crucial for the long-term success of the prosthesis.

The osteotomy was prepared according to the manufacturer's instructions, and four BLT implants [Straumann SLA®, Roxolid®] were placed. Implant positions were verified with a guiding pin, and the insertion torque exceeded 35 Ncm. Guided bone regeneration with Bio-Oss and Bio-Gide [Geistlich Bio-Oss®, Bio-Gide®] was performed on the buccal side of sites 32, 42, and 44, where bone was thin. Four zero-degree Screw-retained abutment [Straumann] were chosen and placed.



3D printed metal surgical guide



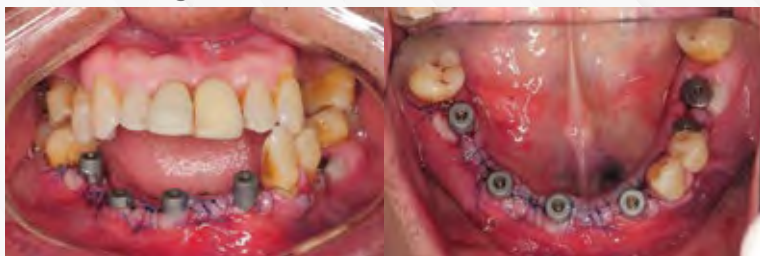
Implant positions were verified with guiding pins

Photogrammetry (iCam4D Solution)

iCam4D reference markers were placed on the MUAs to capture implant positions using conventional intraoral scans. Subsequently, iCam4D scan bodies were inserted, and photogrammetry data was recorded using the iCam4D solution [Papaspriyadakis et al., 2016]. The integration of photogrammetry in implant dentistry allows for highly accurate capture of implant positions, which is essential for the design and fabrication of the prosthesis.

Photogrammetry offers several benefits over traditional impression techniques, including increased accuracy, reduced patient discomfort, and shorter clinical times [Papaspriyadakis et al., 2016]. By capturing precise data on the implant positions, the digital workflow can proceed smoothly, ensuring that the final prosthesis fits accurately and functions well.

Intra Oral Scanning



iCam Refs insertion and take the implant position data by Intra Oral Scanner

Photogrammetry scanning



iCam Bodies insertion and take the data by iCam4D

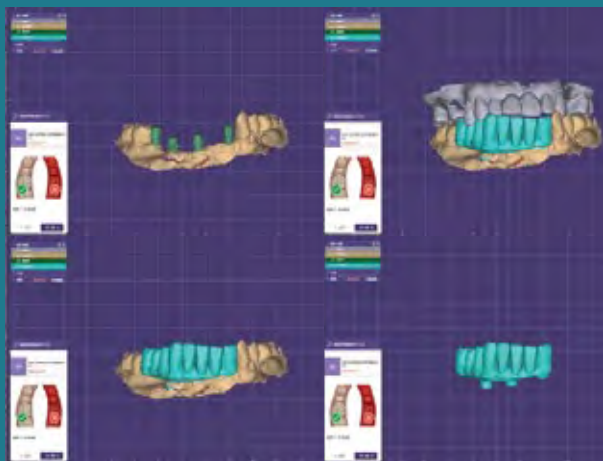
Laboratory Procedures

Using the Imetric 4D software, the intraoral scans of the iCam Refs and the photogrammetry data files were merged to generate a digital working model. The dental technician utilized EXOCAD to position the temporary prosthesis, which was a digital duplicate of the patient's existing denture, onto the MUAs. The implant temporary bridge was then printed and finished [Pozzi & Moy, 2016].

The use of digital technology in the laboratory phase allows for precise fabrication of the prosthesis, ensuring a good fit and excellent aesthetics. By merging the intraoral scans and photogrammetry data, a highly accurate digital working model can be created, which serves as the basis for designing the temporary prosthesis. The use of EXOCAD software allows for efficient and precise positioning of the prosthesis, ensuring optimal function and aesthetics.



Merging the iOS and Photogrammetry data files



Using EXOCAD (model-less solution) to design the temporary implant prosthesis



Finished Implant Temporary Bridge (PMMA + Titanium Base)

Prosthetic Procedures

The implants were restored in immediate function with a CAD/CAM PMMA provisional bridge was delivered 24 hours after the surgery. The old denture data, and the preoperative occlusion data was combined with the postoperative data to create the reference for the manufacturing of implant provisional bridge.

The ability to deliver a temporary prosthesis within 24 hours is a significant advantage of the digital workflow, as it enhances patient satisfaction and allows for immediate restoration of function and aesthetics [Mangano et al., 2018].

Treatment Outcomes and Conclusions

The provisional bridge work was completed as pre-treatment planned. Patient was satisfied with the aesthetics outcome and functionality.

This case report demonstrates the successful rehabilitation of a periodontally compromised patient using a novel digital workflow. The key advantages of this approach include a model-less technique, seamless data integration, elimination of wax-up try-ins, and the ability to digitally duplicate the patient's existing prosthesis for planning purposes. The workflow also enables the delivery of a temporary prosthesis within 24 hours, which can enhance the patient's experience and satisfaction.



Pre OP & Post OP OPG



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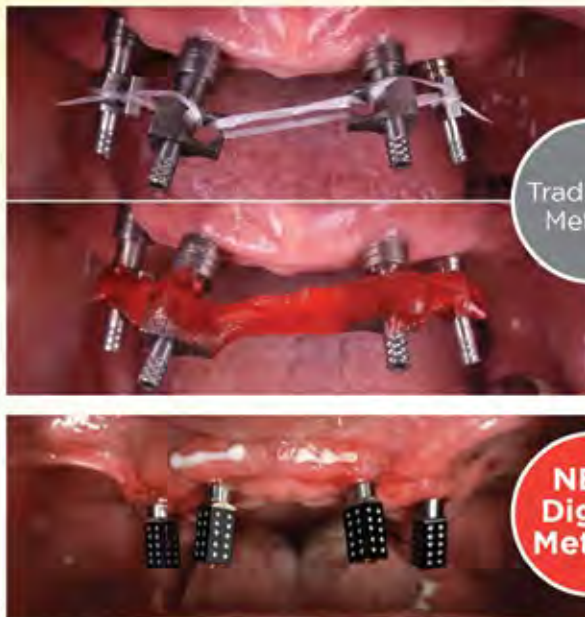
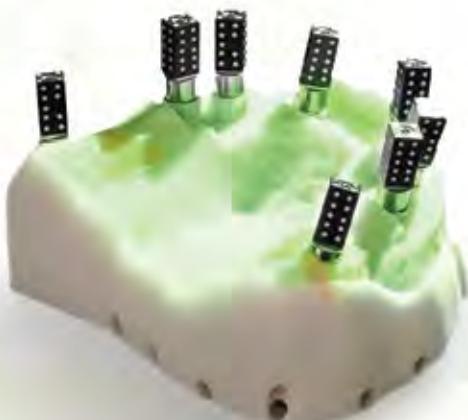
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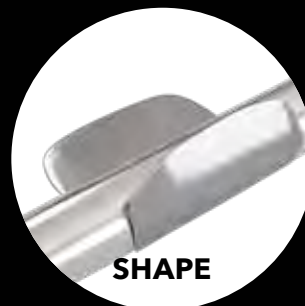
RESORBABLE MAGNESIUM METAL MEMBRANE



CUT



SMOOTH



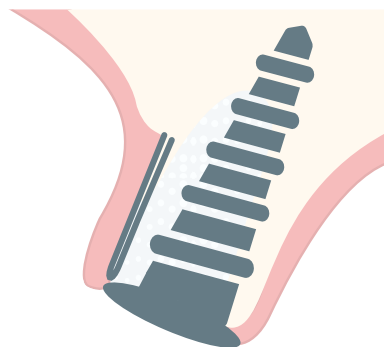
SHAPE

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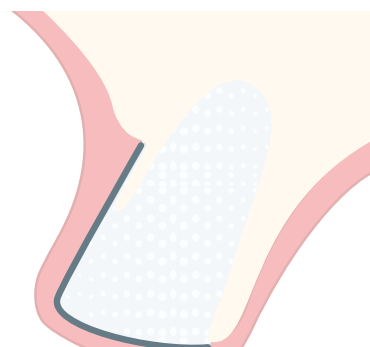
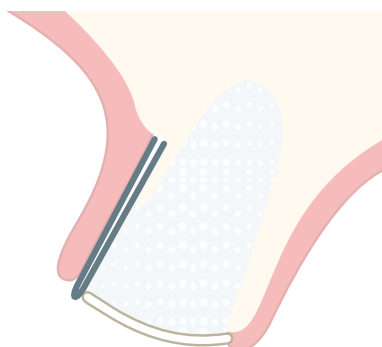
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- Build and organize case libraries in a visual storyline



EMPOWER TEAMWORK

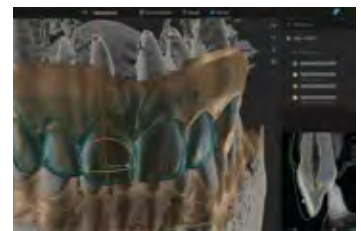
- Collaborate easily with interdisciplinary team members in a single click
- Share clinical information in a dedicated and secure environment



Present patients with their potential future smile



Secure cloud storage



Monitor and review cases



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Dr. George Fokas

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In today's rapidly evolving dental landscape, digital technologies have revolutionized the way we approach patient care.

When aiming for excellence in complex restorative treatments the key lies in listening carefully to the patient's needs and wishes and combining correct diagnosis with meticulous planning and then using the best tools to reach a successful, long-lasting result.

Among these tools, digital smile design stands out as a powerful concept that created a paradigm shift by bridging the gap between imagination and reality. Traditionally, smile design relied on manual techniques, subjective assessments, and physical mock-ups. However, these methods often fell short in achieving predictable outcomes^(1,2).

Digital smile design uses known principles of aesthetics with facial features, speech, and function. Leveraging AI technology and an extensive library of natural smiles, Smilecloud provides a cloud-based service that streamlines the smile design process, improves patient engagement, and enhances case acceptance.

The software helps clinicians efficiently analyze facial proportions, tooth symmetry and gingival contours digitally, generating photo-realistic smile designs that can serve as the basis for any complex aesthetic or comprehensive restorative project. By visualizing the result before treatment, precise outcomes become achievable.

Furthermore, the visual communication and interactive planning facilitate patient engagement and allow the patient to participate actively in the decision-making process, whereas ready-to-print motivational and functional mock-ups can enhance the patient experience even further.

Smilecloud software also serves as a powerful communication tool among the members of the team. Being cloud-based it allows the central collection of all patient data from photos and videos to intraoral scans, radiographs, CBCT and virtual wax-ups. Clinicians of different specialties, dental technicians and treatment coordinators can access the same data at any time and from anywhere, share insights, and collaborate seamlessly. Case discussions become efficient, leading to better treatment planning.

This report showcases the use of Smilecloud as the centerpiece for the treatment plan of a complex case and the communication between clinicians, lab and the patient.

The male, 72 year old patient presented to us dissatisfied with his current oral condition and the wishes to have a comprehensive treatment that will allow him to smile confidently around his grandchildren and to enjoy the family and social dinners in the future without problems. He complained about a loose bridge and mild pain around some teeth of the upper jaw when eating.



Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5

The medical history of the patient included a cardiac stent 8 years earlier with daily intake of Clopidogrel thereafter and oral medication for diabetes and high blood pressure, that were both well-regulated.

The patient had undergone restorative treatments repeatedly and had lost some teeth due to caries and periodontitis. He reported having scaling once per year but had no recollection of periodontitis treatments in the past.

Extraoral examination showed a reverse smile line, asymmetry of the incisal edge of the central incisors and lack of posterior teeth on the left side.

Intraoral and radiographic evaluation revealed partial edentulous upper and lower jaws, periodontitis stage III/grade B, several failing PFM restorations, advanced carious lesions fractured roots and a deeply impacted premolar. The lower dentition further presented tooth wear due to abrasions and attrition, diastemata and compensative eruption of the lower anterior resulting in an uneven occlusal plane. (Fig. 1-5)

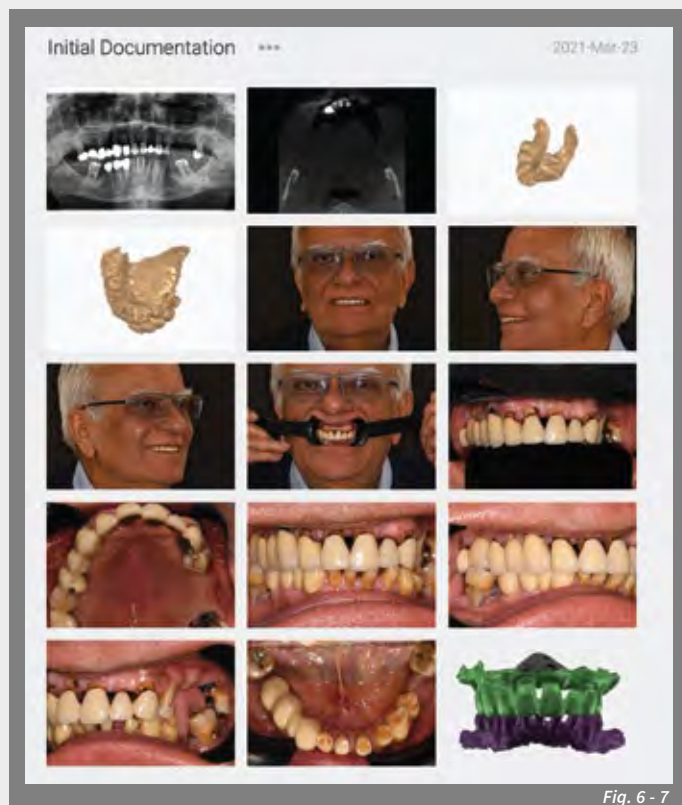


Fig. 6 - 7

Treatment planning phase: Following the collection of all necessary records, all data was imported on Smilecloud to use as the center of the planning phase and to create the virtual patient. (Fig. 6-7)

This was used as a platform to engage the patient and guide the discussions of treatment options with clear visualization.

Further assessment of the collected records showed that the patient would be eligible for a fixed implant prosthesis.⁽³⁾

After a detailed discussion the approved treatment plan included:

- Extraction of the molars, initial periodontal therapy and improvement of oral hygiene, followed by:
- Upper jaw: Clearance of the remaining dentition with immediate placement of 4-6 implants with a fixed provisional acrylic restoration (FP3)⁽⁴⁾. After osseointegration, the provisional bridge will be replaced by a ceramic fixed bridge.
- Lower jaw: Replacement of the failing fixed prostheses and initially composite full contour restorations 34-42 according to the wax up to create a more favorable occlusal plane, close the diastemata and restore the carious lesions with a plan to replace the molars with implant restorations in the future.

Smile design: With the patient participating in the process and with the help of intuitive AI, a digital smile design was created maintaining shapes similar to the patient's existing dentition, but improving proportions, symmetry, shapes and position. The patient's smile was quite restricted with no gingival display; thus the incisal edge guided the design process. It was decided to use the incisal edge position of 21 as reference and from there optimize position and proportions accordingly. (Fig. 8-10)



Fig. 8



Fig. 9



Fig. 10



Fig. 11

Assessment: The ITR SAC classification⁽⁵⁾ tool was used to assess the complexity and risks of the treatment. Both surgical and prosthetic treatment were evaluated as "complex". The online tool not only helps clinicians with identifying the potential difficulties, but it also facilitates clear communication with the patients and manages expectations. (Fig. 11)

Design phase: Smilecloud allows the user to export the digital library of teeth used for the smile design. The dental technician as part of the team with access to the Smilecloud case may download the library and surface scans and proceed to develop the virtual wax up on the CAD software. (Fig. 12-14)



Fig. 12



Fig. 13



Fig. 14

The DICOM data, intraoral scans and the digital designs were imported into an implant planning software (coDiagnostix®) and digital implant planning was carried out to achieve accurate prosthetic-driven implant positions.

Following detailed segmentation of the DICOM data, a plan for extractions and vertical reduction of the alveolar crest was made and placement of five Straumann® BLX Roxolid® implants. The selection of the necessary respective final abutments was possible already at the planning phase as well. (Fig. 15-16)



Fig. 15

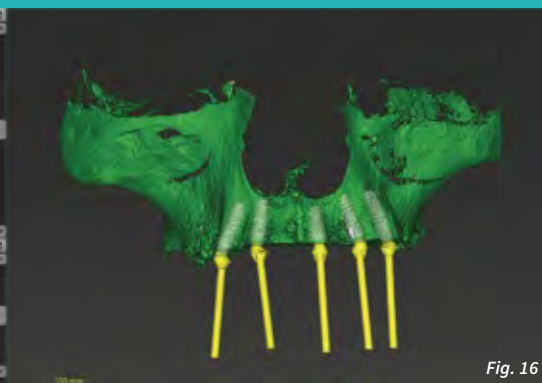


Fig. 16

In order to accurately execute this plan, a series of surgical guides was designed in the software :

- Positioning guide with buccal pins
- Bone reduction guide
- Osteotomy/Implant placement guide
- Provisional bridge

(Fig. 17-20)

Surgical phase: The antiplatelet medication of the patient was not altered due to the health risk that this would pose. After administration of local anaesthesia, the positioning guide was tried in to confirm an accurate fit and the buccal fixation pins were inserted. The guide was removed and a full arch, full thickness flap was reflected with a retraction suture on the palatal for better visibility. All remaining teeth were extracted in a minimally traumatic manner using periosteal, mini luxators and forceps. Subsequently, the bone reduction guide was fitted and the bone above the margins of the guide was removed using piezoelectric surgery instruments to ensure accuracy. The osteotomy guide was secured on the specially designed rests of the already fixated bone reduction guide (stackable system). Osteotomy was performed using the Straumann guided surgery kit for BLX implants using sleeves and guide keys® (Fig. 21,22). Five Straumann BLX Roxolid SLActive implants were placed with a combination of handpiece and manual adaptor placement at positions #15, #12, #21, #23 and #25. All five implants achieved a torque above 45Ncm.



Fig. 21



Fig. 22

The pre-selected "screw-retained" abutments (SRA) were all torqued to 35Ncm as per manufacturer and temporary cylinders were fitted on them for the pick-up procedure of the provisional bridge. The cylinders had been previously air abraded with aluminium oxide and treated with MDP containing primer for improved bond strength.



Fig. 17

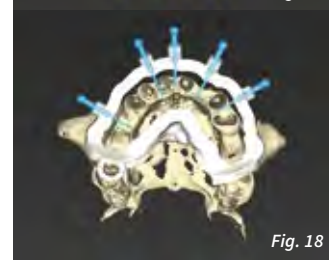


Fig. 18



Fig. 19



Fig. 20

Provisional bridge: The prefabricated, milled PMMA bridge was tried in and the accuracy of fit was confirmed. Buccal extensions of the bridge resting on the secured bone reduction guide ensure correct 3D positioning of the provisional restoration. All temporary cylinders were then picked-up with self-curing composite (Voco Quick Up). Provisional healing caps were placed on the abutments and the flap was sutured. After processing, the provisional bridge was placed on the SRA abutments and the occlusion was adjusted. Access for adequate oral hygiene was confirmed.

Post-operative review: After one week the patient expressed high satisfaction. The healing was uneventful and the patient experienced moderate swelling and pain, which was managed with the prescribed medication without further issues.(Fig. 23,24)



Fig. 23



Fig. 24



Fig. 25 - 27

Final prosthetic phase: Four months were allowed for the osseointegration of the implants, during which no complications appeared. Flowable composite resin was placed in patterns on the soft tissues to facilitate a more accurate and precise scanning process and subsequent super-imposition of the different surface scans. A scan was then taken with the provisional bridge in situ. The bridge was removed and scan bodies were placed on the SRA abutments for the final scan⁽⁷⁾. New portrait photos and videos of the patient were also taken to assess if any changes in the position, size or proportions of the teeth might be necessary (Fig. 25-27)

All updated scans and photos were imported again into a new folder on Smilecloud for seamless communication with the lab. The dental technician finalized the design and fabricated a PMMA try-in to confirm the accuracy of the provided data and ensure passive fit of the final restoration. A new set of intra-oral and portrait photos was also taken for confirmation of aesthetics.

The final restoration was a monolithic zirconia bridge with a milled bar. All screws were tightened to 15Ncm and the access holes were closed with teflon tape and composite resin restorations. (Fig. 28-31)

Treatment outcomes: The patient was very satisfied with the result in terms of both function and aesthetics and he notably commented that the seamless communication and visualization of the whole plan played a considerable role in his decision to accept the suggested plan and in his confidence in our clinical team. Following the success of this treatment he would also like to proceed with the initially planned implant treatment for the lower jaw.

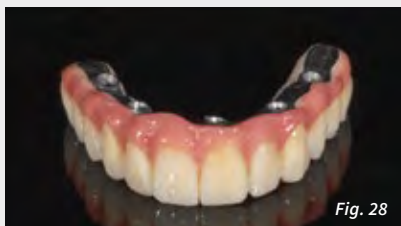


Fig. 28



Fig. 29



Fig. 30



Fig. 31



Fig. 32



Fig. 33

Conclusion: In the pursuit of excellence Smilecloud is a valuable tool in the treatment of complex cases, providing centralized data collection and uninhibited communication among the team members. The smile design process becomes streamlined and accurately executable in the clinical reality and the powerful visualizations enhance patient communication and boost confidence in the projected outcomes. (Fig. 32-33)

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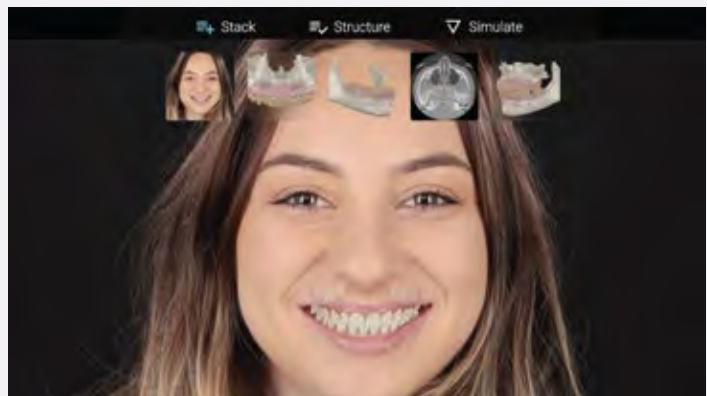
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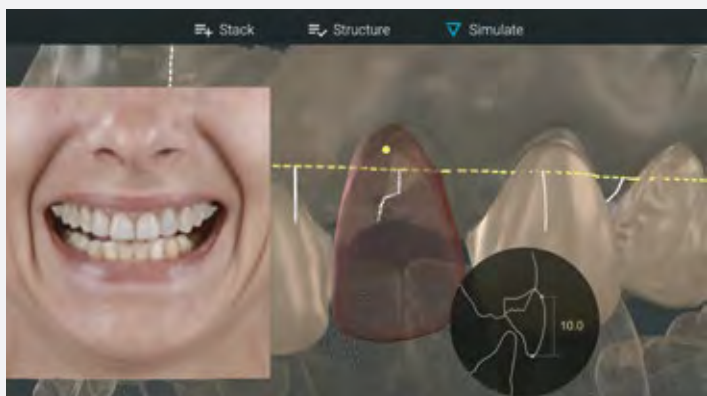
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An Exhilarating Start: Young ITI Kick-Off Event in Hong Kong

After being rescheduled three times due to bad weather, the Young ITI Kick-Off event was definitely worth the wait. The atmosphere buzzed with anticipation as participants embarked on a groundbreaking boat activity, marking the first time an ITI event was held outside the traditional lecture or meeting room setting.

The event was led by three outstanding young clinicians who navigated the day's activities with enthusiasm and expertise. Adding to the excitement was the presence of special guest Professor Nikos, whose insights enriched the discussions.

The day's focus was on how AI and technology are revolutionizing dental implant treatment. Participants broke into three groups for in-depth discussions, each group delving into different aspects of this innovative integration. The vibrant exchange of ideas continued as the group sailed to Lamma Island, where the day's conclusions were drawn and celebrated over a delightful dinner.





Over 30 young clinicians participated in the boat activity, relishing the opportunity for knowledge sharing and the refreshing scent of the sea. The event highlighted the essence of ITI, the International Team for Implantology, and introduced the benefits of being a member of this dynamic organization.



Young ITI is dedicated to fostering the next generation of dental implantologists, providing them with invaluable resources, networking opportunities, and a platform for growth. Membership in ITI offers numerous benefits, including access to cutting-edge research, educational events, and a global community of professionals committed to excellence in dental implantology.

The Young ITI Kick-Off event in Hong Kong was a resounding success, setting a new precedent for future activities and leaving participants eagerly anticipating the next adventure.



Model Type of Anti-snoring Appliances



Elastic Mandibular Advancement Appliance (EMA®)

The EMA® appliance is one of the simpler forms of mandibular advancement device. It is well tolerated by patients who are new to oral anti-snoring devices. The opening of the bite and mandibular protrusion are achieved by bite planes and elastic straps respectively. **These elastic straps are interchangeable** and therefore offer the opportunity for the patient to **gradually adapt** to the desired mandibular protrusive state by slowly adjusting the **length** and **stiffness** of the elastics. Furthermore, the flexibility of the elastics allows lateral movement and therefore increasing Temporomandibular Joint (TMJ) comfort.



The MOSES® Elite

The Moses appliance is a more rigid type of anti-snoring device which can be used to treat mild to moderate obstructive sleep apnea. There are generally 3 parts to The Moses® appliance. The first is an upper flexible retainer which prevents tooth movement and allows the maxillary teeth to become an important anchor for the appliance. The lower portion of the appliance is designed to **stimulate the tongue** to come into a **protrusive position**, therefore, reducing blockage of the airway. Lastly, the top part of the base has an **adjustable** segment which will determine the protrusive amount of the mandible.



The Serene Silensor™

The Serene Silensor™ is a new type of mandibular advancement device with some distinct features. The major difference that distinguishes the Serene Silensor™ to the EMA® and The Moses® is that the **upper and lower members are not bound** to each other. This offers supreme comfort for the patient. Two wing extensions and an adjustable block on the upper maintains the mandible in the patient's desired protrusive position. Furthermore, a **vertical component** is also included in the design to allow space for the **tongue to move forward**. There are also more design specifications included in the Serene Silensor™ that are placed to prevent the tongue from blocking the airway during sleep.



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CASE REPORT

The Evolution of 3D Scanning Technology and Aesthetic Treatments in Modern Dentistry (Mock-up Exporter, RAYFace)



DT. Hyoseon Kim, South Korea
Dental Technician, Ray Clinical Advisor

Introduction: Advancements in Digital Technology

The dental industry is embracing a new paradigm due to advancements in digital technology. Including complex procedures like crowns, inlays, and laminates, treatments that were once impossible to complete in a 1-day are now a reality. The development of digital equipment and treatment techniques has made these processes faster and more efficient. Notably, the introduction of the 3D facial scanner RAYFace and its digital mock-up technology are leading these changes. The digital mock-up capabilities of RAYFace enhance the precision of aesthetic treatments, radically improve patient experience, and maximize clinical efficiency, setting new standards in digital dentistry and transforming every stage of the aesthetic treatment process.

Essential Elements for Successful Aesthetic Treatment

Aesthetic treatment significantly impacts a patient's appearance and confidence, making it a crucial area of care. Since aesthetic standards vary among individuals, meeting each patient's unique needs is essential. Additionally, successful aesthetic treatment requires an accurate diagnosis of each patient's oral environment, as each patient's conditions differ. It is imperative to develop a treatment plan based on this precise diagnosis to address the specific needs effectively.

Importance of Accurate Diagnosis and Communication

For successful aesthetic treatment, it is crucial to accurately assess and diagnose the current state of the patient, including the balance and harmony between their face and teeth, as well as their overall oral health, tooth alignment, and condition. Based on this diagnosis, engaging in proactive communication with the patient is vital to fully understand their needs and collaboratively develop a treatment plan. While we strive to understand the patient's condition and predict outcomes through diagnosis, there remain uncertainties about how accurately we can diagnose and forecast. RAY's digital mock-up technology addresses these concerns by allowing us to visualize and predict the final results before treatment, serving as a powerful tool to alleviate uncertainties and enhance precision in planning.

RAYFace's digital Mock-up Workflow

RAYFace's digital mock-up workflow is a significant advancement over traditional analog methods. Traditionally, the process required taking physical impressions with impression materials, sending these to a dental lab for diagnostic wax-ups, and finally applying intraoral mock-ups—a complex and time-consuming procedure. However, RAYFace's digital workflow, which consists of "Scan, Design, Print," is much more efficient and swift.

After a patient arrives, the process involves a digital scan of the face and teeth taking about 10 minutes, followed by designing with the RAYFace software taking another 10 minutes, and the printing process taking about 30 minutes. This means that the entire process can be completed in just one hour. Patients no longer have to endure the discomfort of traditional impressions and can experience the final results in a short period. This digital treatment process greatly enhances patient satisfaction by providing a quicker, more comfortable, and efficient treatment experience.

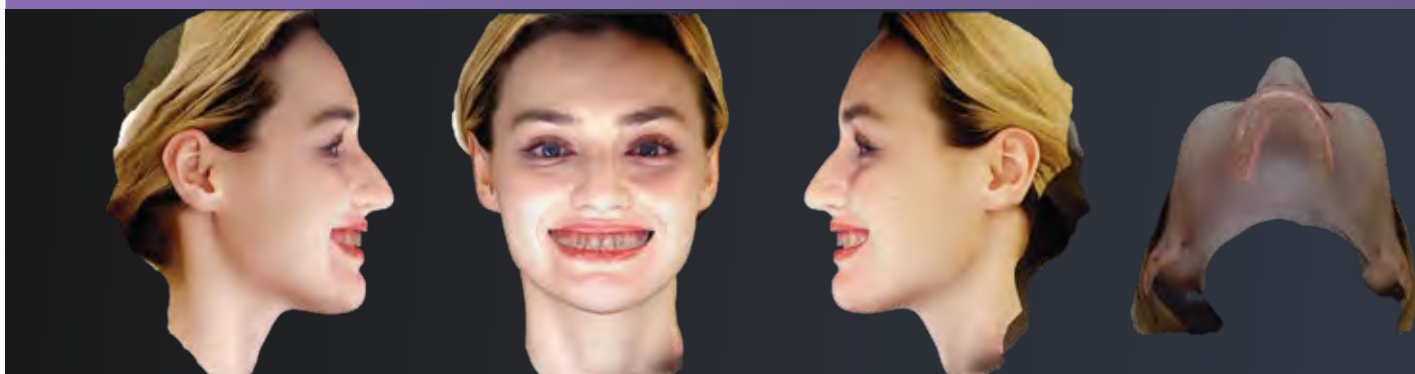
Step-by-Step Workflow of RAYFace with iOS Scanning



1. Scanning with RAYFace on iOS RAYFace Features:

- **Open Source:** RAYFace software is open source, allowing for community contributions and enhancements.
- **Automatic Matching Technology:** Integrates oral data and CBCT data to produce high-resolution 3D images. AI-driven auto-alignment technology enables precise diagnostic analysis and planning.
- **Convenience:** Features a 0.5s oneshot scanning process and high scalability. The quick and easy scanning process minimizes patient discomfort and is user-friendly for dentists and staff.
- **Space Efficiency and Excellent Design:** RAYFace is designed to be space-efficient with an aesthetically pleasing appearance.

Particularly, RAYFace is capable of visualizing the patient's facial and dental structures from various angles—frontal, lateral, and occlusal. This capability allows for more accurate diagnoses and detailed treatment planning, enhancing the overall efficiency and effectiveness of aesthetic dental treatments.



2. Analysis and Design

<Initial State Analysis>

• Frontal View:

- The shape of the teeth (Golden Ratio) shows a wider horizontal ratio and a somewhat shorter vertical ratio.
- Microdontia at 12.22 with space existing between the front teeth.
- A gummy smile is visible when smiling.

• Lateral View:

- A normal occlusal relationship is confirmed.

• Occlusal View:

- The arch is not symmetrically left to right, but the asymmetry is not significant enough to impact treatment.

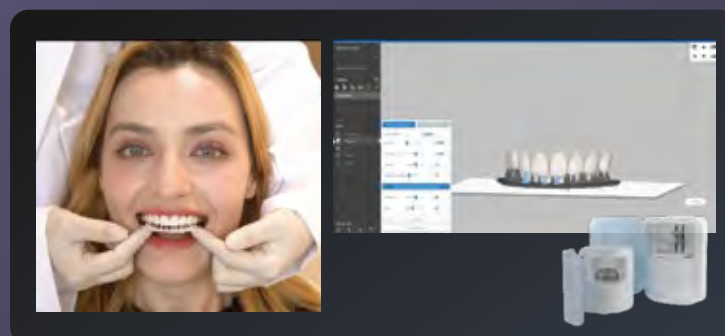
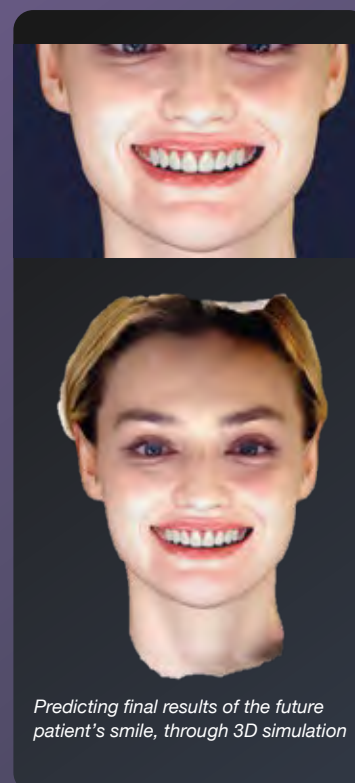
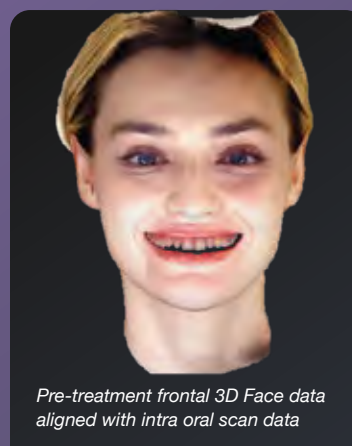
In this case, the patient's facial features are distinct and there is no large asymmetry, but the spaces between the teeth, the proportions of the teeth, and the gummy smile make the face appear somewhat stifled and disharmonious.

<Treatment Plan and Digital Diagnostic Design>

• Treatment Plan:

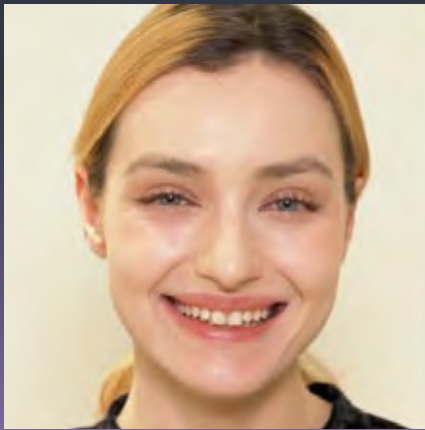
1. Improve the smile line and the proportions of the teeth through gingivectomy.
2. Enhance the shape and color of the teeth and fill the spaces between them using veneers.

• **Digital Smile Design (RAYFace app.):** The RAYFace digital smile design app focuses on the patient's face and smile design and features an intuitive user interface that is easy for doctors, staff, and dental technicians to use. The design process takes only about 10 minutes. The app facilitates smile design according to the treatment plan and uses a 3D simulation feature to show the before and after appearances, making it easier to help the patient understand and consent to the treatment.



3. Digital Mock-Up - 3D Printing Output

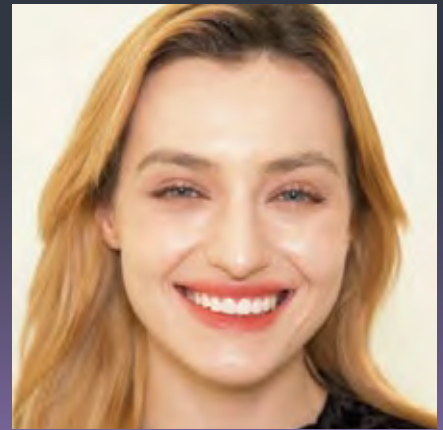
The ability to visualize the final results before starting treatment represents a groundbreaking advancement in aesthetic dental care. Through this process, patients can directly see and feel the anticipated changes, which increases their confidence in the treatment plan and improves communication. This pre-visualization sets realistic expectations and reduces the need for post-treatment adjustments.



Initial Consultation

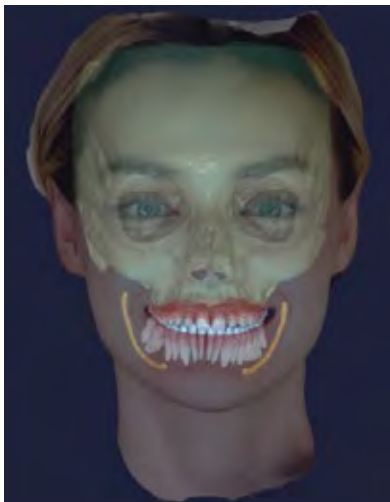


Adaptation of Mock-Up



Mock-Up Results

Clinical Application of Digital Mock-Up – Gingivectomy Guide



The digital mock-up capabilities of RAYFace are not limited to aesthetic veneers; they can also be utilized as a guide for gingivectomy. The RAYFusion application, which converts CT DICOM files into STL files, provides accurate diagnostics and guides for gum reshaping. This allows for the prediction of the amount of gum reshaping needed and achieves optimal results based on these predictions. Through the RAYFusion application, it is possible to accurately determine the position of the alveolar bone using the patient's CT data, and the position of the gums from the oral scan data. This enables the measurement of the positions of the alveolar bone and gums, allowing for the determination of the appropriate amount of gum reshaping while considering the biological width.

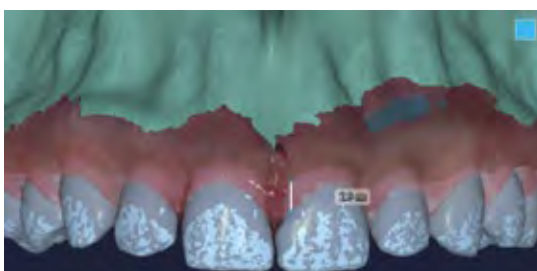
For example, when exposing teeth that are overly covered by gums through gingivectomy, it is necessary to remove the right amount of gum while maintaining the biological width (the distance from the top of the alveolar bone to the bottom of the gingival tissue, typically about 2.04 mm). This ensures that the patient achieves healthier and more aesthetically pleasing results. Violating the biological width can lead to issues such as periodontal disease, gum inflammation, and recurrent periodontal cysts. Additionally, digital mock-up allows for the visualization of this process and strengthens communication with the patient, making it easier to clearly understand the treatment plan.



Check gingival height with IOS



Alveolar bone height check with RAYFusion



Biological Binge Checking



Use 3D printed Mock-up as a real gingivectomy guide

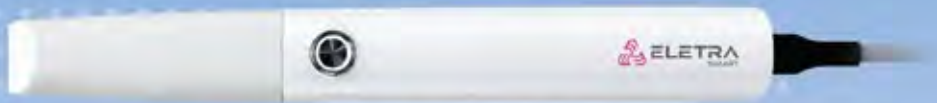
Conclusion: Advantages of RAYFace's Digital Mock-Up

The process of visualizing the final results before starting treatment is crucial in aesthetic dental care. It increases the trust in the treatment plan and improves communication, helping set realistic expectations and reducing the need for post-treatment adjustments. The digital mock-up technology of RAYFace simplifies the entire workflow from scanning to printing, shortening treatment times and enhancing clinical efficiency. As digital dental technologies continue to evolve, tools like RAYFace will play a significant role in shaping the future of aesthetic treatments.



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SAILING

A FASCINATING AND MYSTERIOUS SPORT

By Dr. Alfred Lau

*Specialist in Oral and Maxillofacial Surgery
Yachtmaster (Offshore) Royal Yachting Association
Keel Boat Instructor, Hong Kong Sailing Federation*

Five years ago, the beginning of the pandemic placed restrictions on many travel plans. Many people in Hong Kong began looking for various outdoor activities to fulfill the spiritual and physical cravings that couldn't be satisfied by traveling. Outdoor activities such as running, cycling, hiking, and water activities like river cruising, stand-up paddleboarding, kayaking, windsurfing, and surfing have become popular choices among Hong Kong citizens. In recent years, sailing has also become a sport that many people are willing to try.

SAILING is a sport that can be fascinating. Imagine sailing on the open sea, with no sound of machinery, only the sounds of waves and wind, seeing seagulls soaring freely, feeling the warmth of the sun, and sharing this time with good friends. I believe this feeling is hard to find in other sports. The helmsman and crew must apply their knowledge of sailing, relying on the forces of nature, working together to control the sailboat and reach its destination. If you've ever sailed, you would know that many times a sailboat cannot reach its destination in a straight line. While motorboats can freely navigate with the help of machines, sailboats must consider factors like wind direction, wind speed, water currents, and tide, adjust the angle of the boat and sails, and plan a route to reach their destination most efficiently. Often, we need to turn the boat zig-zag (tack or gybe) to move the boat forward progressively. Besides considering wind direction, wind speed, and water currents, we also need to consider weather conditions such as air pressure and rainfall, which can also affect our sailing route. Nautical charts serve as blueprints for our navigation routes. Before designing a sailing route, we must be familiar with the various features on the chart, such as water depth, nearby obstacles like reefs, government-mandated buoys, submarine cables, restricted navigation zones, and major shipping lanes. On the day of sailing, we must also anticipate changes in weather, tidal movements, and actual maritime traffic conditions. There are many factors to prepare for and consider when sailing in the open sea.

Sailboats are mainly divided into two types: keelboats and non-keelboats. In simple terms, larger sailboats are mostly keelboats. The main difference between the design of a keelboat and a small sailboat lies in the presence of a keel that extends to a specific depth underwater from the bottom of the boat. This device is indeed very heavy. It functions like a pendulum, keeping the boat balanced on the water surface, preventing it from capsizing. This keel is essential for larger sailboats because the sail area is extensive, making it susceptible to strong winds. Without the keel, the sailboat would heavily tilt and could easily capsize in strong winds. The principle of wind propulsion for small sailboats and large sailboats is the same. Small sailboats do not have keels as to keep the overall boat volume and weight low. Even if a small sailboat capsizes, it is easier to self-right the boat and continue sailing. Therefore, mastering the skills of tacking and righting the sailboat is essential when sailing a small sailboat.



Leisure sailing with friends at Sai Kung



Adventure at Port Island



The Devil's Fist at Sheun Wan



Sailing Fun day – Hong Kong Dentist Sailing Club



Alma Mater Race 2022



Alma Mater Race 2022



Around the Island Race 2023



Kids can start learning sailing from 8 years old

Participating in sailing is not as unattainable as many people imagine. Many public or private sailing schools, clubs, and organizations also organize sailing fun days and training courses. For example, under the Hong Kong government's Leisure and Cultural Services Department, the Hong Kong Sailing Federation, the Hong Kong Schools Sailing Association, and some private institutions and yacht clubs organize related activities to promote sailing. Children as young as eight can start training with small sailboats, and there are also adult training classes and advanced skill training courses available. Additionally, there are outreach programs to cater to the needs of different individuals.

In recent years, more dentists in Hong Kong have started participating in sailing activities. A group of like-minded dentists in Hong Kong established the Hong Kong Dentist Sailing Club in 2021, which regularly organizes various sailing activities. Apart from sailing fun days, we also hire coaches to conduct theoretical classes and practical training related to sailing. In 2022 and 2023 representing the Faculty of Dentistry of the University of Hong Kong (HKU Dentistry), we participated in the annual Alma Mater Sailing Race organized by the Hong Kong Royal Yacht Club. With guidance from our coach, our team of 13 athletes assumed different roles and completed the race successfully with great fun. Throughout the event, we experienced and learned various skills and knowledge, as well as the process and atmosphere of sailing competitions. We hope to continue developing in this area.

Recently, the Young Dentist Group of the Hong Kong Dental Association organized a dental sailing experience day. Twelve dentists participated in the event, which took place at the Hong Kong South area. The coach explained the different structures and basic operations of sailing, providing participants with hands-on training. They not only enjoyed the beautiful views of the harbour and islands but also spent a fantastic day experiencing sailing with like-minded friends.

Sailing is truly captivating, requiring relevant knowledge, teamwork, a deep understanding and sensitivity to nature, adaptability to environmental changes, patience, and the ability to advance toward a common goal with individuals of different personalities and expertise. I hope everyone can experience the joy of sailing.



Sailing with the Sunset at Victoria Harbour



Club Sailing race on a sports boat



Sea Rescue training with HK Government Flying Service



Sailing out with family



Sailing Fun Day - Young Dentist Group, Hong Kong Dental Association

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⁴ Kyjak et al. Materials (Basel). 2022 May 27;15(11):5839.

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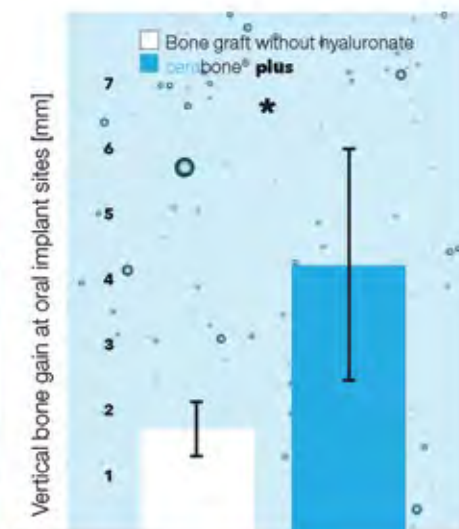
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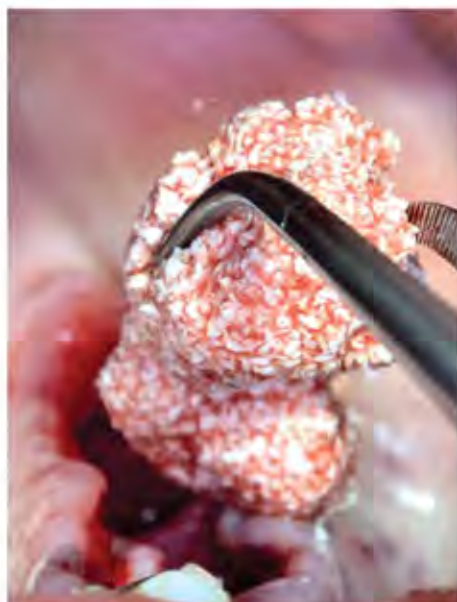
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1. Kyjak et al. Materials (Basel). 2022 May 27;15(11):3839.
2. Kyjak et al. Materials (Basel). 2021 May 27;14(11):2885.
3. Rakačević et al. J Funct Biomater. 2023 Mar 8;14(3):149.

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Modern Dental Global Foundation (MDGF) is a registered charitable institution in Hong Kong. Our work is driven by a commitment to promoting oral health and providing complimentary dental services to underserved communities in Hong Kong and overseas. We envision a world in which everyone not only receives basic oral care but also increases oral health awareness and knowledge.



Angel Smile Scaling Project

Modern Dental Global Foundation and Modern Dental Group co-organize the "Angel Smile Scaling Project", which aims to provide complimentary dental scaling service to disadvantaged low-income families that lack dental care in Hong Kong.

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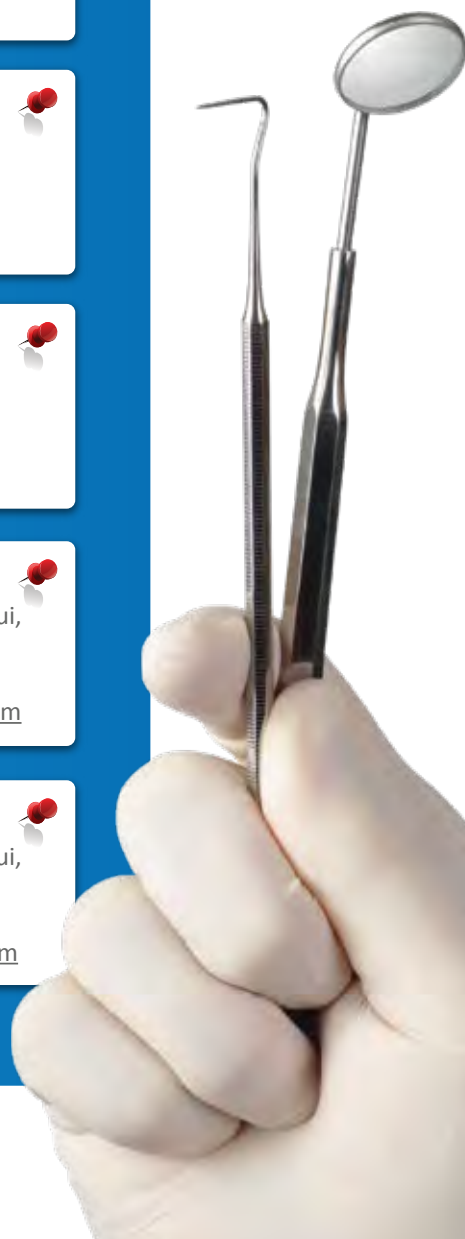
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