Programme

Friday 11th November 2011

1:15pm	Welcome address by ASO (WA) President.
1:30 – 3:00pm	Introduction to SAS
3:00 – 3:30pm	Afternoon tea and dedicated Trade Exhibition
3:30 – 5:00pm	Diagnosis and Treatment Planning for SAS
7:00pm	Annual ASO (WA) Dinner – Gourmet Barbeque at the Other Side of The Moon Restaurant Terrace

Saturday 12th November 2011

8:15am – 9:45am	Indications and SAS Biomechanical Strategies
9:45am – 10:30am	ASO(WA) Annual General Meeting
10:30am – 11:00am	Morning tea and dedicated Trade Exhibition.
11:00am – 1:00pm	Sendai Surgery First

Registration Fees

Clinical Day

- ASO Full Members	$550 GST included
- ANZAOMS/ASP	$650 GST included
- Postgrad Orthodontic Students	Free (lecture attendance only)

Dinner

Postgrad Orthodontic Students	$88 GST included
Partners	$88 GST included
Children under 12	$44 GST included

Please email RSVP for Clinical Day and Dinner to pmunt@iinet.net.au by Friday 21st October 2011
Please post remittance form with cheque to:
Dr P Munt, Honorary Treasurer ASO(WA), PO Box 133 GREENWOOD WA 6024

ASO(WA) Clinical Meeting 2011 **Remittance Form**

(Please post with cheque to Dr P Munt, Honorary Treasurer ASO (WA), PO Box 133, GREENWOOD WA 6024)

Tick box for preferred name on receipt

Doctor's Name: ..... ☐

Name on Cheque: ..... ☐
(if different to above)

Address for Receipt: .....

.....

	Attend Clinical day	Attending dinner	Not attending dinner	Subtotal $
ASO Member	☐ $550	☐ $0	☐	
ASP/ANZOMS Member	☐ $650	☐ $0	☐	
Postgrad Ortho Student	☐	☐ $88		
Partner		☐ $88		
Children u/12 - qty: ____		☐ $44		
			Cheque Total	$

The Australian Society Of Orthodontists (WA Branch) presents

Australian Society of Orthodontists

Annual Clinical Meeting 2011

Friday 11th November and
Saturday 12th November 2011

at

Quay West Resort
Bunker Bay Road, Bunker Bay, Naturaliste WA 6281

with

Professor Junji Sugawara – Sendai, Japan

"Innovation in Orthodontics and Orthognathics with Skeletal Anchorage System (SAS)"

KEYNOTE SPEAKER

Professor Junji Sugawara, Sendai, Japan

Dr. Junji Sugawara is currently a Director at the SAS Orthodontic Centre, Ichiban-cho Dental Office, Sendai, Japan, and a Visiting Clinical Professor at the Division of Orthodontics, School of Dental Medicine, University of Connecticut, Farmington. He graduated from Tohoku University, Sendai, Japan in 1973 and worked there over 30 years. He has been an active member of the Edward H. Angle Society (North Atlantic Component) since 2004.

The Skeletal Anchorage System (SAS) utilizing the titanium miniplates as temporary anchorage devices and Sendai Surgery First are recent key interests and he has given many lectures on these subjects in the United States, Europe, South America, Australia, Middle East and Asia.

One-Day Course

1) Skeletal Anchorage System (SAS)

Anchorage has long been one of the greatest problems in the field of orthodontics because teeth, even molars, move in response to orthodontic forces. Therefore, in maximal anchorage cases, patients have needed to wear headgear. Thus, reinforced anchorage with extraoral appliances has severe limitations because it requires excellent patient compliance.

In the intermaxillary fixation after jaw surgery, maxillofacial surgeons have also found that teeth do not make reliable anchor units. To solve this problem, surgeons proposed “skeletal anchorage” as an adjunct to tooth-borne anchorage.

In 1992, we first developed the skeletal anchorage system (SAS) utilizing titanium miniplates, and since then, SAS mechanics have been applied to various types of malocclusions in daily orthodontic practice.

The SAS is now an indispensable modality particularly for correction of malocclusions in adult orthodontic patients accompanied by complex orthodontic and dental problems.

The SAS has the following remarkable advantages:

- Anchor plates are made of pure titanium, making them very stable and safe.
- Anchor plates do not disturb any kind of tooth movement because they are placed outside the dentition. This is the most distinctive feature of SAS in comparison with the other temporary anchorage devices currently being used in orthodontics.
- Molars can be moved three-dimensionally and easily as teeth in the anterior dentition can be moved.
- Patients are no longer required to wear uncomfortable extraoral Appliances; the SAS can function like an invisible headgear.

Australian Society of Orthodontists

- Patient compliance is not necessary.
- Orthodontic therapy based on treatment goals can go ahead with a very predictable outcome.
- The number of non-extraction and non-surgical cases can be significantly increased

2) Sendai Surgery First (Sendai SF)

Surgical-orthodontic treatment traditionally involves presurgical orthodontic preparation, including dental alignment, incisor decompensation, and arch coordination. In skeletal Class III patients, however, presurgical incisor decompensation will exacerbate an anterior crossbite and prognathic lip profile, and can increase the total treatment time with no significant benefit for the patient. We have adopted a new approach to such treatment: Sendai Surgery First (Sendai SF), followed by orthodontic alignment. This approach was made possible by the SAS. The Sendai SF has several biological and psychosocial advantages over traditional surgical-orthodontic treatment:

- Timing of surgery is up to the patients.
- Patient satisfaction is virtually guaranteed, because the patient sees a major improvement in the profile at the beginning of treatment.
- The Class III profile and anterior crossbite are not exacerbated by incisor decompensation. Concerns about worsening the profile in presurgical treatment sometimes cause Class III patients to forgo orthognathic surgery.
- If a surgical error or skeletal relapse occurs, compensation can be made with SAS mechanics. In conventional surgical orthodontics, because the decompensation is completed before surgery, it is difficult or impossible to recover from surgical error during postsurgical orthodontic treatment.
- The total treatment time is usually much shorter, because bone turnover after orthognathic surgery significantly accelerates orthodontic tooth movement by means of RAP (regional acceleratory phenomenon) and SAP (systemic acceleratory phenomenon)
- Decompensation can be performed effectively and efficiently.
- The patient’s QOL is rapidly improved in comparison with the conventional surgical orthodontics.