

Tools of the trade

Creating etch-like frosty appearances; scanning small areas; time-saving cleaners and much more are under review this month ...



Danville Microetcher IIA

by Dr Isidoro Ferlito, Orchard Dental, Beecroft, NSW

This microetcher sprays 40 micron aluminium oxide powder from a fine nozzle. It is used to clean and prepare the surface of a tooth, crown, denture or any other surface prior to bonding. The benefit is its ability to increase micromechanical bond strength.

What's good about it

When preparing a surface for bonding, the microetcher cleans and etches using mechanical abrasion. It also greatly increases the surface area, creating an etch-like frosty appearance.

In the past, when bonding a crown with failed cementation, I used an ultrasonic cleaner to remove all remnants of the old cement. Now, with the microetcher, the gold surface is cleaned and etched for increased micromechanical bond prior to re-cementation.

When removing an amalgam filling, staining is often present on the exposed enamel surface. Rather than remove excess enamel with a diamond bur, the microetcher allows for conservative cleaning of the surface prior to bonding.

A microetcher is a device that's used on a daily basis. It requires almost no maintenance and will most likely last you all your days of practice.

What's not so good

When used intra-orally, you end up with fine dust all over the patient's mouth, face and clothes. Suction is fairly ineffective at preventing this.

Where did you get it

Amalgadent (www.amalgadent.com.au). □

Planmeca PlanScan

by Dr Lakshmi Morisetty, Smiles Nambour, QLD

This intra-oral scanner uses CAD/CAM technology to create crowns, inlays and bridges. This is a fairly new machine in our practice and at the moment, I'm using it with single crowns. I am about to undertake training on how to effectively use the scanner for anterior crowns and bridges. I can already see that the PlanScan has a lot more potential.

What's good about it

For a single crown, I only need to scan a small area in the mouth—the prep, the adjacent teeth and opposing teeth. In the old days, an impression would have been taken of the top and bottom arches, and the bite. This is a great improvement.

The unit uses blue laser technology that's very reflective and records the finest detail. As the scanner is passed along the teeth, you can watch as all the information it catches appears on the screen. If the patient is watching, it's very impressive. I have never had a need to take a re-scan.

The technology stitches the scanned images together into an extremely accurate representation. This makes it very easy to design a crown. If the practice has a milling machine, the data can be transferred to it and the crown made in the surgery. Otherwise, the information can be emailed to the lab and the crown can be milled there.

If the computer screen is positioned in front of the patient, we can design the crown while the patient watches. It's nice to be able to show them what the finished product will look like.

What's not so good

The head of the scanner that goes in the patient's mouth is quite large. It would be nice if it was a little less bulky.

Where did you get it

Henry Schein Halas (www.henryschein.com.au). □



Tools of the trade (continued from page 47)



NV Microlaser

by Dr Suman Singh, Karama Dental Family Practice, Casuarina, NT

This soft tissue laser is great for crown lengthening and cauterises beautifully.

What's good about it

The big advantage of this laser is that it's cordless. It has an inbuilt battery and the hand-piece is charged in a dock. It offers complete freedom of movement without the hassle of dragging around wires that invariably get in the way. The portability of this unit means that one laser can be used in multiple surgeries.

When I am doing a crown, lengthening the Microlaser causes little post-operative pain, no bleeding and there's healing within a day. It's far superior to using a scalpel or an electrocure.

I also use it when performing frenectomies. That procedure is usually done on children and the sight of a scalpel can be a problem. Not only are the kids less concerned about the laser but we use a minimal amount of anaesthetic and there are no post-operative complications. Generally, patients are very positive about the idea of a laser being used for their procedure.

During a complicated filling where there are overgrown or bleeding gums, the ability to break out the laser and seal those areas allows me to work much faster. There is no need to put in a temporary and the whole procedure can be completed in one appointment. The Microlaser saves time and my patients really like that.

What's not so good

The tips on the laser are disposable and one use only. They are quite expensive at about \$25 each.

Where did you get it

Fairway Dental Supplies (www.fairwaydental.com.au). □

KaVo Prophylex

by Dr Tina Tavakol, Dental on Park, Milton, QLD

I often use the Prophylex when doing a scale and clean. I use it when there's staining that otherwise can't be removed with ultrasonic and prophylaxis. It will successfully get rid of stains that an ultrasonic can't remove.

What's good about it

You don't have to spend time scraping every little stain off the tooth. Simply run the Prophylex over the teeth and it will clean it up beautifully. The unit doesn't cut or damage the tooth in any way. It's purely a stain remover.

It works like a pressure cleaner. It's a water jet mixed with powder and it's the powder that removes the stains. It's really great to use with people who have dark staining on the back of their teeth. It's perfect for use on stains caused due to smoking, or drinking coffee or tea.

Patients are very happy with the results and I'm sure some of them come back just to have their teeth cleaned by the Prophylex. I've been using this unit for around seven years and never had a problem with it. If you don't have one, I would encourage you to purchase one.

What's not so good

It's really messy! My assistant follows me around with high- and low-speed suction. The high-speed suction is positioned directly perpendicular to the nozzle I'm holding. Despite this, powder still goes everywhere and we have to clean the patient up afterwards.

The unit also needs to be flushed out properly after every patient. Otherwise, a blockage can occur and it's very difficult to clean out.

Where did you get it

Henry Schein Halas. □

