

Tools of the trade

Excellent loupes, a unique matrix band system, diverse gingival retraction cords, and more ...

IQ Air FlexVac

by Dr Murray Orr, Heal Dental Care, Burleigh, QLD

Our dental clinic is holistic in its focus and we often have patients who are concerned about safety issues associated with the removal of their failed mercury amalgam fillings. Sometimes the heightened expectations of these patients can be confronting. As clinicians, we must be empathic towards our patients' concerns and so my clinic has chosen to use the FlexVac as a part of our amalgam removal procedure.



What's good about it

When removing amalgam fillings, we already use conventional techniques including a rubber dam and HVE to protect the patient from swallowing any debris. Although helpful, we believe these practices still don't adequately protect the patient, assistant or practitioner from mercury vapour released during the removal procedure. High temperatures produced when the drill cuts amalgam fillings liberate mercury into the air. All who are present during the procedure unfortunately breathe in this vapour.

The FlexVac works like a big vacuum attached to four mercury filters. It has a flexible pipe that is positioned as close as possible to the patient's mouth during treatment. The suction system draws air through the pipe. This evacuates mercury vapour and biological aerosol produced during dental procedures.

When it's in operation, I have peace of mind that neither the patient nor myself will inhale excessive mercury vapour. Our patients love that we have invested in something that addresses their concerns.

Every patient appreciates the extra care and we're cognisant of concerns our clients have about their holistic health. If using the FlexVac means there's even a small reduction in my patients' exposure to mercury vapour, then I've won.

What's not so good

About the only way it could be improved is if it was a bit smaller—it can be cumbersome to move around. And it goes without saying that the large piped vacuum machine can look a little scary for kids and apprehensive patients.

Where did you get it

Air Cleaners Australia (aircleanersaus.com.au). □

AutoMatrix by Dentsply

by Dr Alex Bornsztejn, Affordable Dental Care, Cannonvale, QLD



The AutoMatrix is a unique matrix band system used to facilitate the placement of direct multi-surface restorations. There are four different pre-assembled matrix bands available to clinicians. Selection of a suitable matrix band depends on the crown height of the prepared tooth and the amount of interproximal space required to be closed.

What's good about it

The AutoMatrix system may be used for all multi-surface restorations with a high degree of reliability. Its superiority over other matrix systems is clear when applied to three or more surface direct restorations. The AutoMatrix can deliver a 360-degree isolation of the prepared tooth, ensuring excellent marginal adaptation of restorative material. Minimal supra-gingival tooth structure is required to fit the system.

Heavily broken-down teeth are often only restorable with the AutoMatrix system as other systems fail to produce the same level of marginal isolation and produce a sub-standard result. In addition, these heavily broken-down teeth may be restored with satisfactory contact points, thanks to the assortment of thin gauge matrix bands.

To successfully employ the AutoMatrix system, the Automate III Tightening Device and AutoMatrix Snippers are essential (both are included in the Introductory Kit).

The clinical application has four main steps. Select the appropriate sized band assembly and fit loosely to the prepared tooth, with the auto-lock section of the band against the most intact wall of the tooth. While holding the band in place with firm finger pressure, tighten the AutoMatrix with Automate III Tightening Device by turning handle clockwise until two-to-three clicks are heard. Remove the tightening device by rotating handle counter-clockwise.

What's not so good

The perfectly accurate contours achieved with sectional bands are extremely difficult to replicate with AutoMatrix bands. In Class II situations, I always favour a sectional system over the AutoMatrix system. However, when placing complex direct restorations of three or more surfaces, the AutoMatrix is difficult to beat.

Where did you get it

Dentsply (dentsply.com.au). □

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UltraPak gingival retraction cord

by Dr David Osie, Dental Loving Care, Pymble, NSW

Even though there are a number of retraction gels on the market, I still prefer to use UltraPak retraction cord. The gels I've tried retract well and help control inflammation and bleeding. However, if the tissue is a bit fragile when you rinse away the gel, you risk provoking bleeding again.

What's good about it

UltraPak gingival retraction cord does what it says—it retracts the gum away from the tooth while giving me really good control. Often the gum will be inflamed and bleeding or will have crevicular fluid. With so many of the materials we use being very sensitive to moisture, these will interfere with the bonding process. The cord is an effective way of controlling moisture contamination.

The cord comes in five different sizes. When I'm taking an impression for crown and bridge work, I double pack. I use a triple zero as the initial cord and number zero, one, or two as the secondary cord. This is pushed laterally rather than vertically. I remove the second cord—the thicker one—just before the impression is made. It leaves a space for the impression material to flow in readily.

It's a simple and effective tool that I use any time I want isolation—crown and bridge work, porcelain veneers, composite veneers, subgingival restorations, buccal abrasion lesions. Any time I want that extra bit of control, the cord works extremely well.

What's not so good

Retraction cord is more painful for the patient than the gel products. However, patients are anaesthetised for nearly every procedure we perform. If I'm worried about the patient feeling discomfort from the placement of the cord, I just use a little surface anaesthetic to numb the area.

Where did you get it

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

Orascope EyeZoom

by Dr Max Patel, Siana Dental, Hampton, VIC

My previous loupes were 3.2X Orascope with TTL (Through The Lens) technology. I used this pair for 16 years. I owned them for so long, they were getting a bit obsolete so I decided to upgrade to the EyeZooms. What a fantastic product—I can't work without them.

What's good about it

These loupes allow you to adjust the magnification so they can be used in multiple situations. It's simply a matter of twisting the barrel of the lens to increase or decrease the degree of magnification. They can be set at 3X, 4X or 5X.

Once you can start using these loupes, the quality of your care goes up, the speed at which you work increases, your posture improves and your fatigue goes down. The benefits are just huge.

I generally set the loupes to one specific magnification for an entire procedure. However, if I'm struggling to see a root canal, then it's nice to have the adjustable option and I'll increase magnification all the way up to 5X.

They are very comfortable to wear and newer technology means they're lighter than my previous pair. They are easy on the eye and if used with good illumination, the results are fantastic. I really can't understand how any dentist could work without them.

What's not so good

Orascope makes amazing loupes but I'm less than impressed with its headlights. They have square illumination which is rather silly when you have a circular field of view. I have coupled my Orascope loupes with a Surgitel Touch-Free LED headlight. It has a round view and the beam is concentrated so it doesn't blind patients. It can be turned on and off by waving your hand in front of an infrared beam. As there is no need to touch a switch, there's no chance of cross-infection.

Where did you get it

Orascope Australia (orascope.com);
Surgitel (inline.com.au/surgitel). □

