



The Return of Dyclonine!

EVERY ONCE IN AWHILE a product just seems to disappear from the dental marketplace with little or no warning. Typically, it is difficult to even find information on why the product was discontinued, or if anyone else is making a similar product. I remember after graduating from dental school that I began using a temporary material called Scutan. I loved the handling characteristics of this material, and used it on every temporary. Then, one day, it was unavailable from any dental dealer. Our rep said the material was made from a certain tree, and that the raw material was no longer available. It sounded like a fishy explanation, but the bottom line was the material was gone.

Earlier this year, the long-lasting local anesthetic Marcaine disappeared suddenly. Since Duranest disappeared, Marcaine was essentially the only long-lasting local anesthetic available in carpules for dentistry. The Internet has made it easier to investigate these issues, and — when Kodak changed etidocaine suppliers — new FDA clearances had to be filed and approved before Marcaine could be sold again. Meanwhile, dentists were left without an anesthetic that could provide four to six hours of pulpal anesthesia. Thus, patients had to be reinjected on longer cases.

But the most complaints I have heard from hygienists deal with the disappearance of Dyclone. My hygienists mourned its loss, and I have received inquiries from hygienists around the country about what happened to Dyclone. Dyclone was a topical anesthetic in a liquid form that patients could swish with for one minute to anesthetize gingival and palatal tissues. It is fantastic for hygiene patients who need some anesthesia but don't want local infiltrations or blocks. It also worked well for needle-phobic, sensitive hygiene patients, and for patients who gag during impressions. I searched the FDA database and found that the company decided to stop producing the product for its own reasons. The FDA verified that it had nothing to do with the safety or efficacy of the product.

During a chance conversation with an individual from a local compounding pharmacy, I was shocked to learn that the pharmacy compounded dyclonine, and has been doing so for years! This person said the pharmacy does the compounding for many medical professionals but not dentists. Needless to say, I ordered several bottles of the product. When I gave the bottles to my hygienists, they acted as if they were popping corks on champagne bottles!

The product is available from Steven's Pharmacy at (800) 352-3784 or (714) 540-8911. The pharmacist I deal with at Steven's is Charles Bonner. The pharmacy labels

Every once in a while a product just seems to disappear from the marketplace. Typically, it is difficult to even find information on why the product was discontinued, or if anyone else is making a similar product.

the solution Cyclone. It is available in the original strength that my practice once used, 0.5 percent. It also is available in a double-strength 1.0 percent solution called Cyclone DS. My practice has settled on Cyclone DS. We have noticed no difference between the two solutions except that Cyclone DS works better on most patients. Unlike the original Dyclone, which had an unpleasant taste, Cyclone is available in both tangerine and lime. These flavors make the product palatable for more patients.

We use Cyclone DS on patients who are worried about having impressions taken, whether for Invisalign, bleaching trays, or even just study models. We use it on full-arch crown and bridge impressions, as well as if we are worried about patients gagging while trying to capture the detail of multiple preps. We even use it prior to taking digital X-rays. On the hygiene side, we use it for periodontal probing for patients with inflammation, as well as gross-debridement patients who have sensitivity. We see many patients who are overdue for hygiene but do not need scaling and root planing. Since we typically only use local anesthetic for root planing patients, Cyclone helps fill the gap since it is an easy-to-use topical that helps to provide peace of mind for the patients.

We offer Cyclone to almost any patient receiving treatment who doesn't get local anesthesia. My practice does not charge for this service, although there are dentists who have told me that they charge a small fee (typically \$5), and that patients are happy to pay the fee. We also don't charge for local anesthetic, and think that providing Cyclone falls into the same category. **DE**

Dr. Michael DiTolla is the Director of Clinical Research and Education at Glidewell Laboratories in Newport Beach, Calif. He lectures nationwide on both restorative and cosmetic dentistry. Dr. DiTolla has several clinical programs available on DVD through Glidewell. For more information on this article, or to receive a free copy of one of Dr. DiTolla's clinical DVDs, e-mail him at mcditolla@mac.com.