



Four products for better crown and bridge

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Product #1—Cyclone DS

One of my favorite products, Dyclone, suddenly disappeared from the market about four years ago. It was a topical anesthetic in a liquid form that patients would swish for one minute to anesthetize gingival and palatal tissues. It was fantastic for hygiene patients who needed some anesthesia, but didn't want local infiltrations or blocks. It also worked well for patients who gagged during impressions. It is now called Cyclone DS, and is available nationally from Steven's Pharmacy by calling (800) 352-3784. Unlike the original Dyclone, which had an unpleasant taste, Cyclone DS is available in lemon and mint.

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

Product #2—Orascope HiRes™ Loupes

After using several brands and styles of loupes in the last 10 years, I have found a design that meets all of my needs: the HiRes loupes from Orascope. I think these loupes have a superior depth and width of field compared to other loupes I have used. I can see the entire arch antero-posteriorly, and from molar to molar laterally. Rather than having just two or three teeth in focus, the entire arch is in focus. This makes it easier to do quadrant or full-arch dentistry.

If you want to improve the quality of your restorative dentistry, most notably the quality of your preparations, I suggest that you incorporate loupes into your practice. Loupes may slow you down for the first week or so, but after that, they will improve your efficiency by eliminating guesswork. They also will cut down on the number of phone calls from your lab asking where your margins are. For more information about the loupes, call (800) 369-3698.

Product #3—Profound Topical Anesthetic

Profound is a topical anesthetic whose ingredients are 10% lidocaine, 10% prilocaine, and 4% tetracaine. It blows away any 10% benzocaine topical I was taught to use in dental school. As a preinjection topical, I place it on the injection site with a cotton swab or moist tissue. The Profound is left in place for 60 seconds, rinsed off for several seconds with an air-water syringe, and then a painless injection is given.

I use Profound to help anesthetize lower molars without giving a mandibular block. I place the anesthetic into the buccal furcation from an Ultradent syringe with a disposable tip and leave it in place for 60 to 90 seconds. I then use the STA anesthetic device (www.stais4u.com) with Septocaine to get pulpal anesthesia in 90 seconds.

Profound also comes in syringe form for scaling and root planing when local anesthesia is not necessary or desired, and in states in which hygienists are not allowed to give injections. Also available from Steven's Pharmacy at (800) 352-3784, I order the 45-gram tubes and my assistants place the topical anesthetic with a cotton tip applicator.

Product #4—KaVo ELECTROtorque Handpiece

I began using the KaVo ELECTROtorque handpiece two years ago and cannot imagine returning to an air-driven turbine. I don't prep teeth quicker with an electric handpiece, but I prep teeth better. The handpiece's torque allows me to reduce the RPMs yet still prepare the tooth, especially the gingival margin. At these lower speeds, I can turn off the water while finishing margins. This makes it simpler to cut a near-perfect margin.

Another advantage of the KaVo handpiece is the ability to polish porcelain well intraorally. Many dentists think that when they send a crown to the lab for a reglaze, the lab puts the crown into an oven to glaze it. But often the lab will put the glaze back on with a high-torque electric handpiece. With this handpiece, I can reapply this same glaze onto porcelain restorations intraorally. This has given me the confidence to make intraoral adjustments once the restorations have been seated, if necessary. For more information on this handpiece, go to www.kavousa.com. **DE**

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