



On being painless

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I put a lot of **EMPHASIS** on being **painless**. To me, it really is job No. 1.

Quality dentistry can be performed painfully or painlessly. Most patients have a difficult time distinguishing great dentistry from average dentistry. Patients wouldn't know how to check quality if we gave them an X-ray, an explorer, and a piece of articulating paper. But when it comes to evaluating pain, they are the only ones qualified to do it.

I also have noticed that when I speak to patients, some talk about a past dentist as though that person were the greatest. As I probe deeper into what they loved about the dentist, it relates to the same thing: this dentist was able to do something without it being painful. I have learned that patients never say their dentist is the best because there is a 25-micron margin on all their restorations.

For me, once we have painlessly anesthetized a patient, it becomes a concerted effort to do quality dentistry in the shortest amount of time possible. It is not quite a race, but it is close. We perform similar procedures repetitively throughout our careers. In addition to getting better over time, we should also get faster at these procedures. It's all about hand-eye coordination.

I also noticed that I took the painless administration of local anesthesia for granted. The more we work with needles, the more we tend to forget how stressful this part of the procedure can be for a patient. After having a medical procedure done a few years ago, I decided to refocus on being painless in my dentistry.

The three main products I use in my war on pain are: Profound, Cyclone, and the STA anesthetic device.



Fig. 1

Profound and Cyclone are extremely strong topical anesthetics, while the STA unit is a computer-controlled method for delivering anesthesia.

Profound and Cyclone are available from Steven's Pharmacy at (800) 352-3784. Profound is a gel and Cyclone is a liquid rinse. Recently, one of my columns asked dentists what they were using these ultra-strong topicals for instead of local anesthesia.

The list included preinjection topical, inserting mini-implants, laser recontouring of soft tissue, packing retraction cord on the palatal and endo teeth, rubber dam placement, extracting primary teeth, frenectomies, palatal injections, irrigating dry sockets, removing sutures, X-rays and impressions on gaggers, aphthous ulcer relief, root planing, and sensitive cleanings.

I am impressed by the creativity of the dentists who responded. Obviously I am not the only one who is concerned with practicing painless dentistry.

Fig. 1 shows the Profound that can be expressed onto cotton tip applicators for placement on soft tissue. Fig. 2 displays a bottle of Cyclone, a liquid topical anesthetic. Patients fill a Dixie cup about half full and then swish for 60 seconds. Cyclone works well as a prerinse for X-rays and impressions on people who tend to gag, as well as on sensitive cleanings. Fig. 3 is a photo of the STA device. It is made for PLD injections, but can also give multiple carpules on a lower block without removing the needle. **DE**



Fig. 2



Fig. 3

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