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DENTAL ADVISOR™

Product insights you can trust.

Hygiene Essentials

DENTAL ADVISOR
Product insights you can trust.

MAY-JUNE 2022
VOL. 39, NO. 3

FROM THE DESK OF
Dr. Sabiha S. Bunek
CEO & Editor-in-Chief

This month we focus on our valuable asset of Dental Hygiene in our practices. Without our Hygienists, our practices would surely not thrive. I depend on my hygienists to be partners in caring for our patients, so it is critically important to me that they have what they need to be at their best all day, every day. We've asked a group of hygienists what their key products were, and key challenges in the chair. They identified hand strain, hand care, anesthesia and desensitizing as areas critical to continue performing at their best. We salute you, our wonderful hygienists, and thank you for a job well done! As always, we welcome your feedback. Please email our team at connect@dentaladvisor.com, or me personally at drbunek@dentaladvisor.com.

— Sabiha S. Bunek

Topical and Subgingival Anesthesia

With many hygienists increasing scaling and root planing procedures, a need has arisen for increased patient comfort during treatment. Many hygienists do not have anesthesia certification, nor do patients wish to be numb for a scaling procedure. Many products have been introduced to numb the patient and some can be injected directly into the sulcus for increased temporary anesthesia.

Advantages of topical anesthesia

- Patient comfort
- Ease of delivery

There is an emerging trend to incorporate CBD (cannabidiol) anesthetics as way of managing inflammation to the array of existing anesthetic products on the market, but more research is needed.

DycloPro from Septodont

Cetacaine® Topical Anesthetic Liquid from Cetalyte Industries

GingiCaine Fusion (PacDent) is available in both syringe and topical formats

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Cordless Hygiene Handpieces

A favorite of many Hygienists is the cordless hygiene handpiece. Since hand and wrist fatigue as well as carpal tunnel syndrome are major concerns, the weight and pull of a traditional corded hygiene handpiece has become less popular.

RATED BY DENTAL ADVISOR

Young Infinity Hygiene Handpiece
(Young Dental)

+++++

UNIQUE ATTRIBUTES

- This handpiece is truly lighter and more balanced than others on the market.
- The battery lasts all day, so it can easily sit on the counter without cords or chargers and just be charged at the end of the work day.
- The foot pedal is cordless and connects automatically. It feels like a seamless transition between using air-driven and cordless without the cord weight.

iStar Cordless Prophy Handpiece
(Dental EZ)

++++½

UNIQUE ATTRIBUTES

- Cordless, rechargeable prophylaxis handpiece that can be used with any disposable brand of prophy angle.
- The motor is designed to be lube-free.
- The degree of charge is indicated visually by lights on the handpiece. It is non-autoclavable and comes with 100 disposable barrier sleeves.

Nupro Freedom Cordless Prophy System
(Dentsply Sirona)

+++++

UNIQUE ATTRIBUTES

- Colored lights on the handpiece indicate when recharging is necessary.
- Pressure on the foot pedal can be varied to control the rotation speed of the angle throughout procedures.
- Wide diameter of the handpiece reduces hand fatigue. Lack of a cord allows user to approach the tooth from any angle without the need for swiveling parts.

INITIAL INSIGHT

AeroPro® Cordless
(Premier Dental)

- Ergonomic design reduces hand and wrist fatigue
- Generates less aerosol and splatter

iProphy Mobile
(NSK America)

- Lightweight and well-balanced
- Better access to posterior and less wrist stress during the prophylaxis procedure.

Ideal Features of a Cordless Hygiene Handpiece:

- Light weight
- Good balance
- Good grip
- Long battery life
- Compatible with all prophy angle brands
- Low maintenance
- Easy to clean, sterilize and disinfect
- Quiet
- Low Spatter
- Low vibration
- Multiple speeds

ProMate™ CL Cordless Handpiece (PacDent)

- Light-weight and ergonomic.
- 20% lighter than industry leading slow speed handpieces.
- Six speed settings that can be controlled by the handpiece or a wireless foot pedal.
- Comes with three autoclavable sheaths and is compatible with any doriot style angle.

Desensitizing

Understanding Dentinal Hypersensitivity

Dentin hypersensitivity is a common complaint, and often characterized by sharp, transient pain arising from exposed dentin. The pain is in response to external stimuli, such as cold or hot, sweets, tactile, or breathing in cold air. In some cases it can interfere in an individual's daily life by affecting eating, drinking, and even speech. The most commonly accepted theory for dentinal hypersensitivity is the hydrodynamic theory. It suggests that hypersensitivity is the result of movement of fluid within the dentin tubules resulting in a pressure change. The change in pressure activates intra-dental nerve fibers, via a mechano-receptor response to cause pain.

Increased stress on teeth and dietary habits have increased incidence of patient sensitivity. Hygienists are often the first line of defense in prevention. Fluoride and Fluoride containing pastes are the most popular remedies for generalized sensitivity.

Factors Contributing to Dentinal Hypersensitivity

Gingival Recession

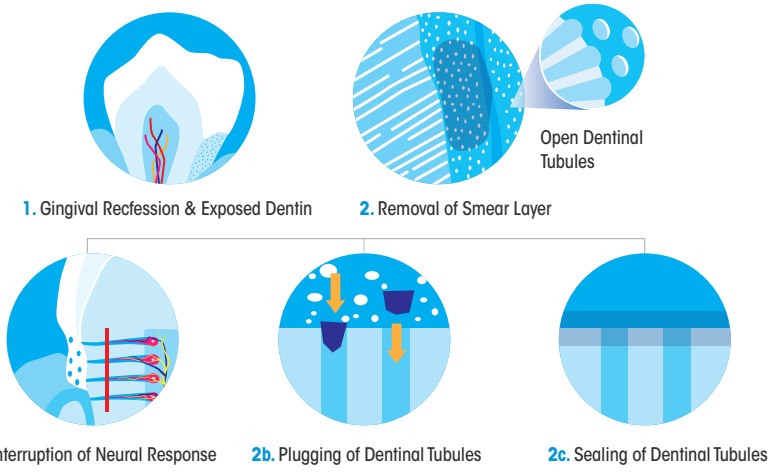
Exposed dentin caused by gingival recession. Some common causes of gingival recession are: mechanical trauma, orthodontics, tooth anatomy or position.

Loss of Enamel

Attrition, erosion, and abrasion can lead to loss of enamel, resulting in dentin exposure

Periodontal Disease and its Treatment
(both surgical and non-surgical)

Both periodontal disease and its treatment have been associated with loss of gingival tissues. As recession occurs, the cementum is easily removed via chemical or physical means and the underlying dentin becomes exposed.



MI Paste ONE® (GC America, Inc.)

MI Paste ONE is a member of the ***MI Paste® Family*** as a two-in-one application (toothpaste and ***MI Paste Plus®***) containing *RECALDENT™* (CPP-ACP)* and fluoride, in a cool mint flavor. This product presents another way to treat sensitivity, remineralize tooth enamel and prevent white spot lesions. Imagine a simple, single step for treatment and cleaning. As a replacement for your patient's toothpaste, it gives the same power of ***MI Paste Plus®***, but in a single application. Now, rather than brushing first then applying ***MI Paste®*** and/or ***MI Paste Plus®*** you'll simply brush with ***MI Paste ONE***.

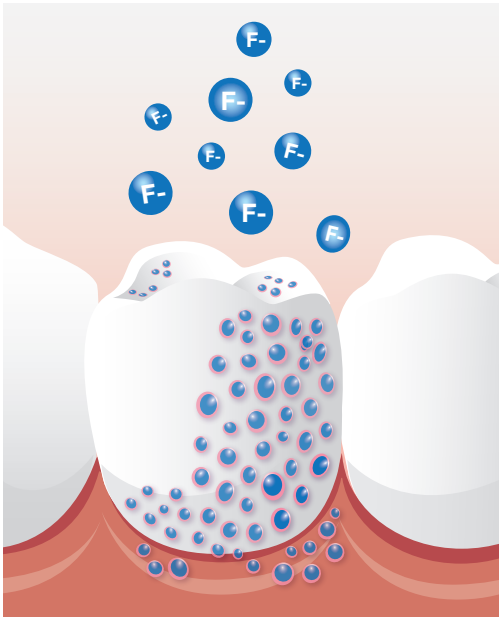
Use ***MI Paste ONE:***

- For hypersensitivity
- For tooth erosion and wear
- For preventing caries and white spot lesion
- For remineralization
- For sensitivity from whitening

MI Paste® ONE Kids
(GC America Inc.)

MI Paste® Family of products are the essential solutions which release calcium, phosphate, and fluoride. They are the first of their kind – containing naturally derived milk protein and fluoride for safe and effective treatment of white spot lesions and non-cavitated tooth demineralization. ***MI Paste® ONE Kids*** is the newest member of the ***MI Paste® Family*** is a two-in-one application (toothpaste and ***MI Paste Plus®***) containing *RECALDENT®* (CPP-ACP) and fluoride, in 3 delicious flavors: Bubblegum, Cotton Candy, and Blue Raspberry. ***MI Paste® ONE Kids*** is a great way for your patients to remineralize and re-build enamel.

The effective delivery vehicle for fluoride, when fluoride is used with *RECALDENT®* (CPP-ACP), the peptide that preferentially combines with and stabilizes the fluoride to create the ideal source for building fluorapatite. Using bio-available calcium and phosphate, the full potential of fluoride to help protect and repair teeth can be achieved.



How fluoride works

The application of topical fluoride results in the presence of fluoride ions intraorally, and calcium fluoride-like globules at the tooth surface. These act as fluoride reservoirs.

Advantages of topical fluoride:

- Calcium fluoride reservoirs release ions during acid attacks
- Inhibit demineralization
- Promote remineralization, with uptake of calcium, phosphate and fluoride
- Bactericidal at high concentrations

In-office Treatment Options

IN-OFFICE FLUORIDE VARNISHES

Varnishes are available as sodium fluoride preparations that are painted directly on the teeth by dental health providers. These products are not intended to adhere to the teeth permanently. They hold a high concentration of fluoride in close contact with the teeth for many hours. They must be reapplied at regular intervals with at least two applications per year for effectiveness. The Food and Drug Administration (FDA) has approved fluoride varnishes as an effective desensitizing agent, but has not cleared these products as anti-caries agents. However, fluoride varnishes are widely used for both of these purposes in the US, Canada and Europe today.

There are two main approaches to the treatment of dentin hypersensitivity: one option is to occlude open dentin tubules and the second is to interrupt the neural response to pain stimuli.

5% sodium fluoride varnish:

This in-office topical fluoride can be used for caries prevention for patients of all ages. Four-minute 1.23% APF gel is an alternative for children age 6 and over. Almost all fluoride varnishes are now available in unit doses, a variety of flavors and white/clear shades.

- Apply sparingly. The recommended amount (unit dose) is enough. Focus on cervical, proximal and occlusal areas, and targeted areas (e.g., around brackets).
- Prophylaxis optional. Unless a thick layer of plaque is present, a prophy is not needed prior to application.
- Fluoride release. Occurs for hours after the varnish sets, bathing the area in fluoride.
- Moisture tolerant. No need to dry teeth. Start with application in the lower quadrant, where saliva tends to pool.
- After application, the varnish sets in the presence of saliva. No need to worry about air drying or isolation.

FluoroCal

(Bisco)

FluoroCal is a 5% Sodium Fluoride Varnish with Tri-Calcium Phosphates (TCP) that is both calcium and fluoride releasing. Upon application to dentin and enamel, ***FluoroCal*** penetrates and seals exposed dentin tubules providing sensitivity relief to hypersensitive teeth.

Riva Star Aqua

(SDI North America, Inc.)

Riva Star Aqua (AgF) is also a non-invasive 2-step patented system used to desensitize tooth pain in a few drops. ***Riva Star Aqua*** is an aqueous silver fluoride solution without the Ammonia base.

CLINICAL MATCH TO SDF: Clinical studies have shown that ***Riva Star Aqua's*** 38% Silver Fluoride (AgF) is also as effective as ***Riva Star SDF*** solution containing 38% Silver Fluoride.

IMMEDIATE SENSITIVITY RELIEF: The silver fluoride and potassium iodide in ***Riva Star Aqua*** blocks the microscopic tubules that make up dentin. A low-solubility precipitate is formed that gives instant relief.

REDUCE STAINING: Just like ***Riva Star, Riva Star Aqua*** includes a Potassium Iodide (KI) Step 2 solution, for significantly reducing unsightly black stains.

TWO YEARS DESENSITIZING EFFECT: A clinical study supports the immediate effect after one application with ***Riva Star***, desensitization lasts for 2 years.

NO TISSUE BURN RISK: ***Riva Star Aqua*** is water based and ammonia free. This reduces soft tissue irritation and eliminates odors while improving storage stability.

NO GINGIVAL BARRIER REQUIRED: With no ammonia present, ***Riva Star Aqua*** can be safely used without a gingival barrier as soft tissue irritation is significantly reduced. Treatment time is quicker and more comfortable on patients.

IMPROVED SMELL: The ammonia-free solution tastes and smells better, leading to happier, more compliant patients.

Online: https://us.rivastar.com/products

Soap or hand sanitizer: Which is best?

Hand Sanitizer should only be used if hands are NOT visibly soiled.
If gloves are worn throughout the day, hand sanitizer is acceptable for use before and after patient care.

Traditional Soap

Non-antimicrobial soap is adequate when washing hands. It is able to accomplish a basic infection control precept - clean first. When hand washing is performed properly, 97% or more of surface debris can be removed. Non-antimicrobial soaps are typically less irritating and contain ingredients that can minimize skin irritation and drying. Products that contain emollients assist in moisturizing tissues with repeated hand washing.

Waterless high-alcohol hand sanitizers

Alcohol-based hand hygiene products (i.e., preparations containing 60 - 95% ethyl or isopropyl alcohol) are a preferred option for routine use on hands that are not visibly soiled. Alcohol-based hand rubs have been shown to be highly effective in improving hand hygiene compliance. This in turn lowers infection rates.

Alcohol-based sanitizers are available as low viscosity rinses, gels, and foams for use in healthcare settings. Even though alcohol sanitizers are among the safest antiseptics, some formulations can still cause dryness and skin irritation. When evaluating products in this category, consideration should always include those preparations tested and approved for frequent use in health care. They should also contain sufficient concentrations of emollients to increase skin hydration and prevent skin damage, thereby minimizing the potential for irritation dermatitis. However, there is a note of caution that also must be included. If a person has dry skin, these agents may further the problem. Many of the newer products contain emollients such as glycerin and aloe vera, which help moisturize the epithelium and reduce dryness and cracking.

DA 2022 TOP AWARD WINNER

PURELL Advanced Hand Sanitizer
(GOJO Industries, Inc.)

Award-Winning Features:

Moisturizing: Does not over dry the skin. Hands feel soft after each use.

Quick Dry Time: No sticky residue or unpleasant odor left behind.

Evaluator Comments:

- *"Usually, my hands get overdried and red after using sanitizers but this product was great."*
- *"It evaporates quickly and really moisturizes. My hands felt so soft!"*

Antimicrobial Soap

Antimicrobial soaps are the most routinely used type of product. The U.S. Food and Drug Administration (FDA) division of over-the-counter drug products is responsible for regulation of hand hygiene products intended for use in dental practices.

Most antimicrobial soaps are fast acting, and protect against a broad spectrum of bacteria. Common ingredients include: chlorhexidine gluconate, chlorometaxylenol and triclosan.

Non-alcohol based, non-rinse hand sanitizers

These types of products provide an alternative for those who have exhibited problems with prolonged use of high-alcohol based hand sanitizers.

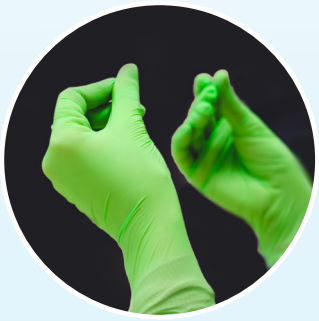
Commonly missed areas when performing hand hygiene

Using ***Glow Germ*** and black light reveals areas often missed when dental professionals do not allow sufficient time to perform adequate hand hygiene. Thorough hand washing should include nails, fingertips and thumbs.

Gloves

Gloves are a critical part of a good infection control policy, and used to protect the wearer and/or the patient from the spread of infection or illness during dental procedures and examinations.

Choosing the right glove:



Latex • Nitrile • Vinyl • Polychloroprene

Latex: Natural rubber latex is very form fitting and has a high level of tactile sensitivity. Use has declined in recent years due to latex allergies and the depletion of nautral resources.

Nitrile: Comprised of a synthetic polymer and offer much of the same positive characteristics of latex. They are also highly resistant to puncturing and chemical degradation.

Vinyl: Offer the most economical option without a form fit. However, newer generations of vinyl gloves are far superior to earlier ones with regard to fit, elasticity, and in-use life expectancy.

Polychloroprene: This type of glove provides the most stretch, making them excellent for those with hand fatigue or musculoskeletal conditions. Often gloves have an inner coating of emollients to minimize cracking and drying.

Characteristics of Gloves

Fit

Ambidextrous • Fitted

Fit is by far the most valuable feature of any glove. Since every hand is different, it is important for each user to find the best fitting glove that minimizes hand fatigue and potential tearing.

Ambidexterous gloves are most commonly used and should have a snug fit without discomfort when webbing fingers.

Fitted gloves are available for longer procedures and significantly reduce hand fatigue.

Durability

Gloves should resist tearing when being pulled from a container and donned. Since gloves are a single use item, they do degrade with exposure to mechanical items such as sharps, and chemicals. Gloves often tear upon removal from the box or tear at the wrist cuff.

Quality control: FDA reviews gloves to ensure that performance criteria such as leak resistance, tear resistance and biocompatibility are met. Gloves currently manufactured for healthcare purposes are subject to FDA evaluation and clearance. Leakage rates vary by glove material (e.g., latex, vinyl, and nitrile), duration of use, and type of procedure performed, as well as by manufacturer.

Tactile Sensitivity & Grip

Fingertips Inner Coating

Gloves can be designed with a textured grip and fingertip, making instrument use and transfer safer. Gloves are also coated on the inside to help resist folds and creases, which can lead to tearing.

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Microbiology Research Report
J. Montealegre B.S., M.S., D. Graham, B.S., J.A. Molinari, Ph.D.
DENTAL ADVISOR Microbiology Research Center
Ann Arbor, MI 48103

Number 153 – March, 2022

Fit Capability of Differing N95 Duckbill Surgical Respirators in Relation to NIOSH Standard Face Sizes and Shapes

J. Montealegre B.S., M.S., D. Graham, B.S., J.A. Molinari, Ph.D.

Purpose:

To utilize a quantitative test method to determine the fit capability of three N95 respirators. This report contains data for three different N95 respirators.

Materials:

Crosstex™ Isolator™ Duckbill Surgical N95 Respirator, ProGear® N95 Particulate Filter Respirator and Surgical Mask, and Halyard* Fluidshield* 3 N95 Particulate Filter Respirator and Surgical Mask.

Experimental Design:

Test: ASTM F3407 test protocol as recommended for an N95 respirator.

Volunteers: Volunteers were chosen from a 25 person sample and were tested with each mask and respirator using the ***NIOSH Bivariate Test Panel*** (***NIOSH*** head forms) corresponding to 98% of the respirator wearing U.S. population.

Test Method:

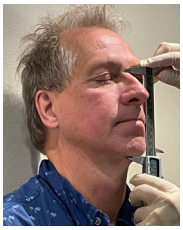
The ***ASTM F3407*** standard is designed for testing respirator fit capability of negative-pressure half-facepiece respirators.

A ***PortaCount® Pro+ Respirator Fit Tester (TSI)*** was utilized for the experiment. Each of the respirators were tested for fit capability on ten different head types. Multiple digital and manual face measurements were taken and documented for each of the wvolunteers to determine the qualification of the test subject in the ***NIOSH Bivariate Panel***. The test administrator familiarized the test subjects on the donning and doffing procedures of each respirator according to the manufacturer's user instructions. A description of each of the exercises was provided before the test began.

The Respirator Fit Capability test consists of seven, 1-minute-long exercises and one 15-second-long exercise. The first exercise is normal breathing, followed by deep breathing, head side-to-side, head up and down, talking aloud, grimacing (15sec), bending over, and finally, normal breathing.

For the standard to be met, at least 13 of the 25 test subjects must obtain an average Fit Factor result greater than 100 for the respirator model to be considered a successful pass. Fit Factor is a representation of how well the respirator seals onto the face and is determined by comparing the number of particles inside the respirator to the number of particles in the ambient air. A quantitative measurement is provided following all exercises, and each exercise provides a pass or fail threshold.

PortaCount® Pro+ Respirator Fit Tester (TSI) and screen results

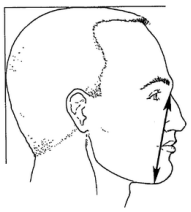


Manual face measurement

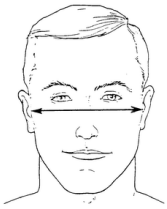
Head side-to-side exercise

Head up and down exercise

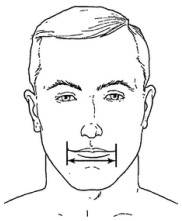
Bending over exercise



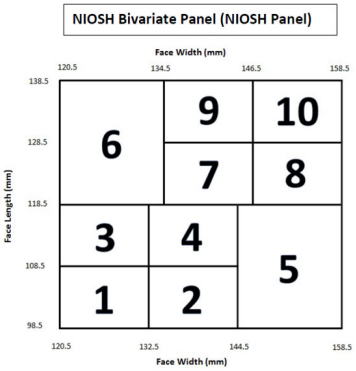
Face length measurement:
Distance as measured with a sliding caliper in the midsagittal plane between the menton landmark and the sellion landmark.



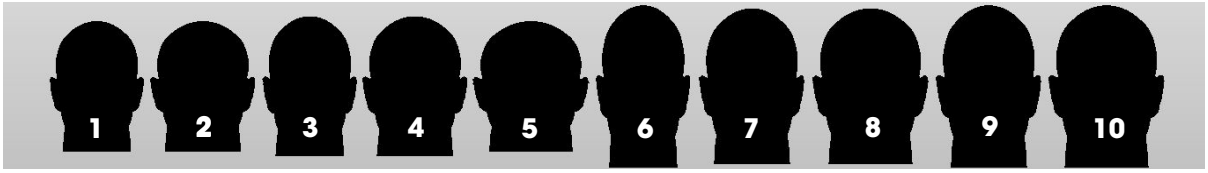
Face width measurement:
Maximum horizontal breadth of the face as measured with a spreading caliper between the zygomatic arches.



Lip length measurement:
The straight-line distance between the right and left Chelion landmarks at the corners of the closed mouth is measured with sliding caliper.



Head Sizes *(Panel Sizes)*



Conclusion:

The ASTM F3407 voluntary standard was conducted as written for testing the N95 respirators. The standard is designed for testing respirator fit capability of negative-pressure half-facepiece respirators. After completing 10/10 head types given in ASTM F3407 for the three N95 respirators, all three respirators tested, the ***Crosstex™ Isolator™ Duckbill Surgical N95 Respirator, Halyard* Fluidshield* 3 N95 Particulate Filter Respirator and Surgical Mask,*** and ***ProGear® N95 Particulate Filter Respirator and Surgical Mask,*** successfully completed the standard and met the criteria of fitting at least 50% of the faces in the ***NIOSH Bivariate Panel.***

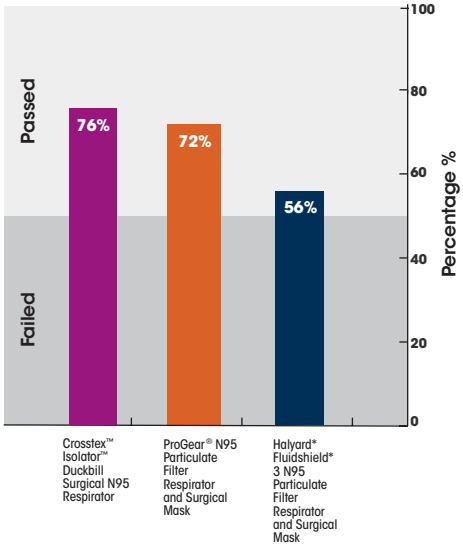
The data raise questions on what factors assist in achieving a fit factor above 100. During the testing, it was noted that placement of the straps and how well the respirator straps were able to keep the mask taught against the user's face was also significant in achieving a passing fit factor. Both participants in Panel 2 were within 2mm in both face length and width but tested very differently. When comparing both participants in Panel 2 there was a noticeable difference in the slack present in the respirator straps. A panel that accounts for the head depth could provide more data that would allow exploration of what other factors contribute to the wearer getting and maintaining a seal.

Study limitations included a small sample size; additional participants would be an advantage for statistical significance.

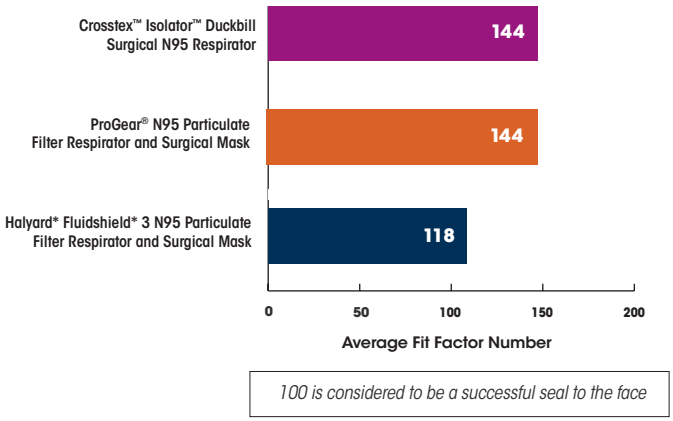
Respirator Passing Rate

50% of participants must pass to meet ASTM standard

**The actual passing rate of the respirator is based on 25 test subjects. We were unable to test a second #9 head type. The assumption was made that the excluded subject head type would fail.*



Fit Capabilities of Tested Respirators



100 is considered to be a successful seal to the face

- ***Crosstex™ Isolator™ Duckbill Surgical N95 Respirator*** passed all but head type 10 for those subjects tested.
- ***ProGear® N95 Particulate Filter Respirator and Surgical Mask*** passed for a person with each head type for those subjects tested.
- ***Halyard* Fluidshield* 3 N95 Particulate Filter Respirator and Surgical*** passed for every head type except head type 5.

EDITORS' CHOICE

Riva Star Aqua

SDI www.sdi.com/au

+++++

25 CLINICAL EVALUATORS

517 TOTAL USES

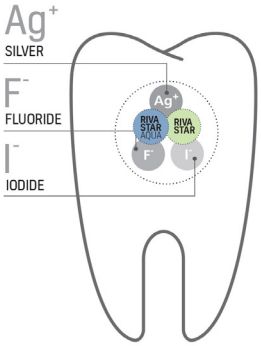
96% CLINICAL RATING

Key features: Silver Fluoride and Potassium Iodide (KI) system ● Two-step procedure reduces staining ● New water-based ammonia-free formulation

Description

Riva Star Aqua is a silver fluoride system:

- Water-based SF + KI system
- Unlike other systems, ***Riva Star Aqua's*** two-step procedure reduces staining
- Two year and beyond desensitizing effect
- Non-invasive and ideal for minimally invasive dentistry



Indications

- Desensitizing
- Caries arrest
- Caries detection
- SMARTer glass ionomer sandwich technique

Unique Attributes

- No refrigeration required
- Less tissue irritation
- Odorless-based formula
- An SF material with reduced staining
- Increases bond strengths of glass ionomer and composite materials to dentin

Clinical Tips

- Blot very dry.
- Spend time scrubbing the liquids into the tooth and don't just apply it as a thin coat.
- Be sure to liberally apply the Step 2 liquid until the precipitate clears.

"VERY EFFECTIVE AS A DESENSITIZER."

Evaluators' Comments

"I really liked that it did not discolor the tooth, and that a tissue barrier is not required. That is a huge advantage."

"No staining and no refrigeration."

"Much less tissue irritation than the original formulation."

"Easy to use two-step procedure."

"No ammonia base is important to me."

"Second step takes a lot longer scrubbing time than the first step."

"I found that even though a tissue barrier is not required, it is best to avoid the tissue or some slight irritation can occur."

Consultants who would:

83% Recommend to a colleague

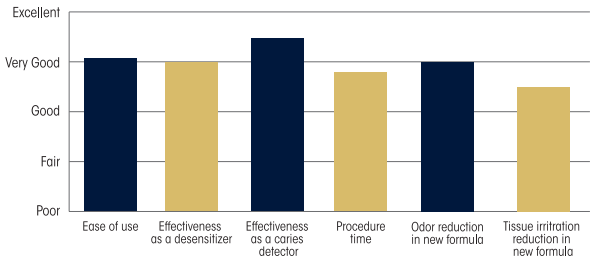
Consultants who would want to stock in office:

43% Yes, instead of current product

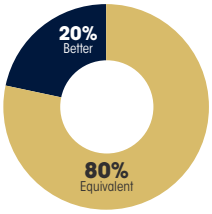
30% Yes, in addition to current product

4% I might want to order this product for certain cases

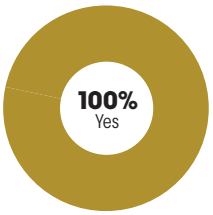
Evaluation Summary:



Compared to competitive poducts:



Do you find it to be less staining than other SDFs?



Silginat®

Kettenbach www.kettenbachusa.com

++++½

DENTAL ADVISOR ++++½

19 CLINICAL EVALUATORS

183 TOTAL USES

91% CLINICAL RATING

Key features: Alginate alternative ● Medium-bodied viscosity ● High dimensional stability

Description

Silginat is an A-silicone, VPS material that has:

- Numerous indications
- Low tear resistance
- High dimensional stability
- Thixotropic properties allow it to flow well under pressure

Indications

- Anatomical impressions
- Opposing jaw impressions
- Orthodontic work
- Models for case studies
- Preparation of temporary crowns and bridges
- Fabrication of models for the construction of splints

Unique Attributes

- The low-tear resistance makes it a great option for situations where there are concerns about loose restorations or teeth that there is a possibility of inadvertently removing with the impression. Also, it is a good option around orthodontics where using a material too stiff could dislodge orthodontic brackets, wires, or buttons.

- The high dimensional stability allows the impression to last for weeks, and it can be poured multiple times without the concern of distortion.

Clinical Tips

- Use this material to fabricate a provisional crown or bridge stint and you can keep it on hand until the final restoration is seated in case you need to re-make the provisional.
- Dispense the material with the tip pointing down into the tray and do not lift the tip from the material, to prevent bubbles.
- Make sure to fill the tray completely to the top. The material does not flow much once placed intraorally like some other materials.

"DETAIL WAS MUCH BETTER THAN ALGINATE."

Evaluators' Comments

"Awesome for when I don't want to pour models right away or need multiple pours."

"I could take impressions at my nursing homes and didn't have to immediately pour them."

"Reliable and consistent results."

"The working time is a little longer than my current alginate substitute, which made it easier to get a good impression without worrying about distortion due to pre-mature setting.

"I got voids in some impressions. I think it is because the patient said it felt like it moved easily in the mouth."

"The set-up time was slow compared to my alginate material."

Consultants who would:

79% Recommend to a colleague

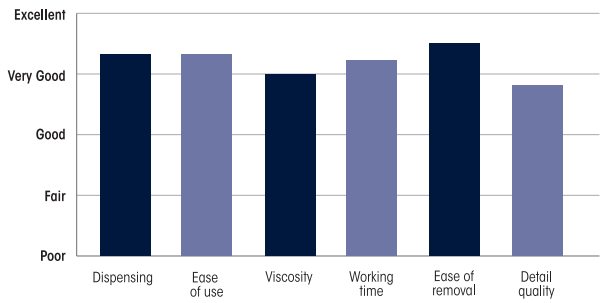
Consultants who would want to stock in office:

16% Yes, instead of current product

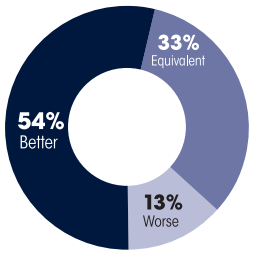
37% Yes, in addition to current product

16% I might want to order this product for certain cases

Evaluation Summary:



Compared to Competitive Products:



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Clinical Evaluators (19 years or less):

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