As I said last month, painless dentistry is the best marketing tool dentists can possess. Even though many know how to provide it, there are too many times when we don’t take the sufficient amount of time to actually do it. And yet, there are still various techniques that many dentists are not aware of. In Part 2 in this issue I want to share several more concepts that will allow all of us to truly provide painless dentistry.

Mandibular Block & the Long, Long Buccal
When it comes to giving effective mandibular blocks, I used to think that there were two categories of dentists: those who admit missing most of their blocks and those who would lie about anything. I admit it! For most of my career I have been frustrated with one of the most stress-related dilemmas in dentistry. There’s not many things worse than putting the patient through needless discomfort if only for that brief second when they realize they are not completely numb. We peel the patient off the ceiling and re-anesthetize. That’s probably the number one thing that gives dentistry a bad name and creates true dental phobics. I know most patients, including myself, are always bracing for that quick zing of pain that we hope will never come.

Not only do we lose from a public relations point of view, we also lose tremendously from an efficiency point of view that literally costs us plenty of production dollars. When we have to give more anesthetic, it puts us behind which in turn does not allow us opportunities to work in emergencies or other procedures.

The secret to a successful mandibular block is to give a long, long buccal. I’ll prove it to you this week. The next patient you have that isn’t totally numb with your mandibular block, do the following. Ask them if their lower lip and chin is numb. If it is, then go back with about a half a carpule of anesthetic and give the injection lateral and distal to the second molar while inserting the needle 3/4 of an inch lateral to the outside border of the mandible and aim the needle towards the angle of the mandible. As you’re giving it, you may sense that they are feeling it if you do not go real slow. But, the good news is that if they feel that injection, then you know your patient will be profoundly numb within two or three minutes. If you’re having trouble with your blocks, do yourself and your patients a favor and give this technique a try.

Gow Gates Injection
At my seminars I explain that I still have trouble with mandibular blocks because many times I do not give the long, long buccal right away because it can be an uncomfortable injection. Several doctors have convinced me to start doing the Gow Gates injection technique. I’ve come to find out that I can miss that injection almost as often as the conventional mandibular block injection! Well, not quite as often. I’m getting better with it and prefer it over the conventional block.

This block is named after the Australian dentist named Dr. George A.E. Gow-Gates who invented this technique in the mid 1970’s. Unlike the mandibular block, the path the needle traverses during a Gow Gates block contains much less muscle tissue than is traversed by the needle in a standard mandibular block, and thus there is little release of bradykinsins which are the chemicals which cause the aching that patients feel when receiving a mandibular block. Furthermore, the tissue through which the needle passes contains no nerve
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• Utilization of your auxiliaries!

receptors, and thus there is little direct pain during the injection. It is not uncommon for patients to remark that they felt nothing during the injection.

The area where the Gow-Gates is delivered is less vascularized than the area adjacent to the location of injection in a standard mandibular block. Studies indicate that there is an 89-90% lower likelihood of giving an intra-vascular injection using this technique. In addition, because of the lower vascularization in the area, the anesthesia is less rapidly absorbed into adjacent blood vessels prolonging the presence of the anesthesia in the area, which means that mepivicaine without vasoconstrictor may be used to greater and longer lasting effect using the Gow-Gates. Some users of this technique recommend that no vasoconstrictor be used at all.

Finally, the Gow-Gates anesthetizes the nerve trunk before it splits into its three main branches; the lingual branch, the buccal branch and the alveolar branch. Thus the Gow Gates delivers three shots in one. Here’s the technique:

• With the patient lying fully reclined in the chair, have the patient open his/her mouth as wide as possible. This technique is not possible if the patient is not able to open wide enough to allow the condyles to translate fully over the articular eminences.
• Place your thumb in the patient’s mouth retracting the cheek. The thumb should be relatively close to the site of the entry point of the needle noted in the image above.
• Place the middle finger of the same hand over the intertragal notch. This landmark is easily felt with the finger. Thus the hand is held in a "C" with the thumb inside the mouth retracting the cheek and the middle finger outside the mouth placed firmly over the intertragal notch.
• Using a long 27 gauge needle, and holding the handle of the syringe at about the level of the lower premolars, allow the needle to enter the buccal mucosa just

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distal and apical to the tuberosity. (See the arrow in the intra-oral image on the previous page.)

・ Now aim the tip of the needle toward the intertragal notch. This is fairly easy because you can feel the notch under your middle finger, so in effect, you are simply aiming for your finger! Keeping the middle finger in this position, and using it as the aiming point makes giving the Gow-Gates block easy and predictable.

・ Proceed until the needle hits bone. The needle will enter about two-thirds to three-quarters of its length before hitting bone. If the needle does not hit bone, then you have missed the target and should withdraw and try again, aiming slightly laterally, or medially.

・ Once the needle hits bone, aspirate and then inject the entire carpule slowly.

・ After withdrawing the needle, ask the patient to remain open wide for about one minute after the shot. (Acknowledgements to Dr. Martin Spiller, www.doctor-spiller.com)

**Septocaine**

Septocaine is my preferred anesthetic and I use it in most situations. It has a rapid onset, penetrates the tissues more profoundly, and has a duration time comparable to Lidocaine 2%. Keep in mind that the maximum dose is less than other anesthetics: 7 cartridges verses 11 cartridges of Lidocaine 2% for a 154 lb. healthy patient.

Because it is a more profound anesthetic, I rarely give a palatal injection when doing an endo procedure or a crown prep on upper teeth. And of course, operative procedures on teeth anterior to the molars are done with just local infiltration.

Be aware that all 4% solutions are more prone to occurrences of paraesthesia. Therefore, if you are like most dentists who routinely give 2 carpules for their mandibular blocks, I wouldn’t recommend using Septocaine. When I giving a Gow Gates injection, I just use one carpule of Septocaine.

**The Wand, Comfort Control System, STA, etc.**

Modern technology has brought many great innovations to dentistry but I’m going to pass on these electronic anesthetic delivery devices. I realize that many doctors love these painless injection systems and wouldn’t give them up for anything. On the other hand, I’ve known others who were willing to give theirs away because they no longer use them.

These devices deliver anesthetic in a very slow monitored manner. Yes, they work; but so does giving slow injections with an interligament syringe. We seem to have too many tubings and cords throughout our treatment rooms as it is. I just can’t justify adding any more by incorporating these devices along with the extra expense at around $2,000 a unit times 9 operatories.

**Paroject Interligament Injections**

The Paroject interligament syringe has bailed me out numerous times over the last 30 years as a last resort for anesthetizing those really difficult “hot” teeth. There are a variety of these syringes on the market and they all work by dispensing anesthetic into the sulcus under pressure generated by the special design of the syringe. It forces the anesthetic down the PDL and numbs the tooth instantly while avoiding the typical numb lip symp-

The Paroject syringe design is much less threatening than the other pistol grip interligament syringes. It works 99% of the time for those difficult situations, and is ideal when you need anesthesia quickly. Many doctors use interligament anesthesia as their primary mode for anesthetizing their patients for shorter appointments due to its immediate effectiveness.

**The X-Tip**

In very rare situations when even my Paroject won’t anesthetize a difficult tooth, the X-Tip does the job. This is an intra-osseous injection that works 100% of the time. It is very easy to use once you get over the apprehension of injecting into the bone. You first give a little local anesthetic in the area you plan to insert the drill that will perforate the bone. Insert the latch type perforator drill into your handpiece and run it full speed while applying pulsating pressure until you feel it drop into the cancellous bone just distal to the tooth that you will be working on. After removing the handpiece, a button with a sleeve is left in the bone. Now, you can easily use that as a guide to insert the syringe needle into. You don’t have to search around to find the hole that you prepared. Then, you inject about a half a carpule slowly. The area is immediately profoundly numb, and you can go to work right away!

**Endo Ice or Component Cooler for Palatal Injections**

Go to Radio Shack and purchase several cans of Component Cooler. It contains the same exact ingredients as Endo Ice yet for half the price. Spray it on a cotton tip applicator and place on the palate at the injection site for about 5 seconds. After the tissue blanches white, you can give a more comfortable injection. Many patients don’t feel anything at all with it. Give it a try!

We have many options available to us today to help provide pain-free dentistry to our patients. When we do this, the patients benefit and so does our bottom line. Find the right combination of analgesic systems that fit your particular office needs and take care of your patients to the highest level that is possible!
New Product Review: CB Temp & PowerTemp
by Joe Steven, Jr., D.D.S.

For years we have been making our own acrylic temporaries by taking a preliminary impression with Blue Velvet, injecting acrylic into it, reseating the impression over the prepped tooth, and finishing the temp. Now, with these new products from J. Morita, we have improved on our temporary fabrications, and they have better retention with their new PowerTemp non-eugenol cement. If you’re not satisfied with your provisionals, you may want to try these new products!

CB Temp

CB Temp is a temporary crown and bridge acrylic material based on multifunctional methacrylic esters. Dispensed in an auto-mix mini syringe, CB Temp is easy to handle and there is no guesswork in measuring. The material is designed for creating comfortable, attractive, and strong temporary crowns and bridges. CB Temp is methylmethacrylate-free, and its temperature while curing is never above 40°C/104°F. It also has good polishability and color stability. Temporary crowns or bridges fabricated with CB Temp protect prepared teeth against external influences and provide adequate temporary occlusion. The material shows excellent transverse strength, good abrasion resistance, and low polymerization shrinkage. Because of its flexibility, CB Temp is especially suitable for long-span bridges. However, if the material fractures (as acrylics sometimes do), it is easy to repair. Cured CB Temp can be repaired with a light-cure composite material by creating a chemical link.

PowerTemp

PowerTemp is a user-friendly, auto-mix temporary cement. It is indicated for the temporary cementation of crowns or bridges, as well as try-in and evaluation of permanent restorations. PowerTemp demonstrates a powerful bond to crown and bridge materials and yet remains easy to remove. Its paste-to-paste formula is dispensed through an auto-mix delivery system for a direct, nearly effortless application. PowerTemp’s non-eugenol and ZnO/Organic based formula will not inhibit the curing of resin-based materials and is an excellent choice when allergies to eugenol are a concern. The neutral color also offers exceptional esthetics, providing undetectable cementations. PowerTemp is available in a 50ml cartridge or a 5ml mini syringe.

New from KISCO

CB Temp (Shades A2, A3, B1 or Bleach) ........Item# 8560 ........$59.95
PowerTemp 50 ml ..............................................Item# 8565 ........$79.95
PowerTemp 5 ml ................................................Item# 8565 ........$29.95
800-325-8649

Silk Line

Silk Line is a long-lasting, soft denture relining material based on addition-curing vinyl silicones. Silk Line is indicated for use with all polymethylmethacrylate-based synthetics. Delivered in an auto-mix cartridge, Silk Line allows quick and easy chairside soft relines, in addition to being indispensable in the dental laboratory.

Silk Line relieves pressure areas and sore spots in the upper and lower jaws. It also improves retention by creating a functional post-dam and even adapts well to flabby ridges. At the same time, sharp-ridged alveolar processes are elastically covered, and increased retention and stability improve the occlusion of full upper and lower dentures. Used in conjunction with overdentures during the healing process, Silk Line is also suitable for cushioning implants.

Features and Benefits

- Auto-mix cartridge permits direct application to denture base
- Unique primer enhances durability
- Composition allows easy trimming and polishing
- Relines can withstand wear up to two years
- Chairside use is convenient for patients
- Absence of odor and taste increases patient satisfaction
- May also be used in a dental laboratory

Silk Line Kit Item # 8770 ........$159.90
Silk Line Kit Item # 8777 ........$149.90
One cartridge Item # 8775 ........$109.00
Twin Pack Item # 8776 ........$174.40
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SnoWhite for Dentures
by Joe Steven, Jr., D.D.S.

Many of you are familiar with SnoWhite that is used in the H&H cordless impression technique. There’s another great use for SnoWhite that many of you may not be aware of and that is for removable prosthetics. I discuss its use in my Efficient-prosthetics meetings. It is our primary product to use when we need to send a denture in for a laboratory reline.

After cleaning the inside of the denture, we inject 90 second-set SnoWhite, and seat the denture in the patient’s mouth, border mold, and let it set for about 90 seconds. You’ll notice a much tighter fit when you try to remove the denture. Send it off, and you’ll have a perfectly relined denture when it comes back from the lab.

Another great use of SnoWhite is to use it with Silkline soft reline material. I love this new soft reline material and use it routinely following an immediate denture procedure while waiting for adequate healing before sending it to the lab for a hard reline. As much as I love this injectable self-cured silicone reline material, the only disadvantage of these materials is that you can’t add new material to old material. It won’t stick. So, unfortunately, it’s necessary to remove all of the original Silkline material which is never a fun job.

Now, with SnoWhite, you don’t have to remove the silicone material - you simply add to it. Clean the inside of the patient’s denture, dry, and inject 90 second-set SnoWhite wash material, insert, border mold, and let it set. It saves time and the mess of removing the old material, plus you get a much improved fit (Lucky Winner: Dr. Judith Benjamin, Bowling Green, KY). SnoWhite has come through again! Give it a try on your next reline case.

H&H Cordless Impression Technique Materials
Blue Velvet & SnoWhite

- Most efficient and fastest impression technique ever!
- No retraction cord needed!
- No need to stop the bleeding!
- No need for a dry field!
- For single and multiple unit impressions!

Immediately following a crown preparation, the final impression is done in about 2-3 minutes. Save time and trauma to the tissues by not packing retraction cord or controlling a dry field.

Paroject Syringe

- Instant & profound anesthesia
- Isolated anesthesia without the “numb” lip effect
- Teeth in more than one quadrant can easily be treated at the same time
- Use for extractions, restorations, C&B, endo, perio, etc.
- Less threatening, compact, “pen” style design
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3 Cartridge Kit 150 ml. ea (mixing tips included)

800-325-8649 www.kiscodental.com
You’re not going to believe this! I had to call the doctor to find out if he was joking. A nice doctor from the east coast emailed me a letter that I just couldn’t believe. He said that he’s had it with his unappreciative staff who walk all over him as if he were a rug. They’ve quit collecting the co-payment when due and basically run the practice as they want. He was exceptionally upset about his staff’s latest ploy especially after each of them received a $1,000 Christmas bonus. Are you ready for this? For the past 3 months, each of his 5 staff members have been filing for unemployment benefits whenever he takes a few days off! He took a few days off between Christmas and New Years, and they all went down and filed together.

The doctor suspects a ring leader among his staff that encouraged everyone to follow suit. He contacted me in hopes of a possible solution. I don’t know all the details, but I told him that sometimes when things get out of hand, you have to set a precedent. After fair warning concerning a given situation, if it does not resolve itself, someone needs to be dismissed from your practice. Believe me, take it from someone who often resembles a well worn out door mat, you have to get rid of the bad apple. I’ve been taken advantage of many times also because I always tend to give them the benefit of the doubt and not be too concerned about winning every little battle. But, if things get really out of hand, you have to take action.

We seldom want to lose an employee and go through the hiring process again. So, instead we simply tolerate inferior members who have the potential of negatively influencing the entire team.

We hear so many sad stories about how a long term employee literally devastates an office because the doctor just couldn’t accept the fact that this employee needs to leave their practice. It’s not easy, but it’s essential. So many of us put great efforts in trying to hire the right people, when many times it’s not who you hire, it’s who you fire!

---

The New & Improved Intra-office Communication System XLS Radios

Intra-office communications are vitally important for an extremely efficient dental office. For years, doctors have depended on special light communication systems for directing the traffic flow of their staff. But now, with the introduction of XLS Radios (walkie-talkies), many of those systems are being replaced by this more efficient one.

Now, instead of pushing buttons to call someone into a treatment room to give them instructions, you simply give the message through your radio which results in fewer wasted trips back and forth within your office.

Every member of the staff wears one with a speaker in their ear so the patients don’t hear the messages. There are unlimited usages within the office for these radios that will soon become one of the most efficient aids you can implement into your practice!

Now, the new & improved Kenwood ProTalk XLS TK-3230 has many benefits, which include an ultra-compact design, 50% higher power, rapid rate battery charger, up to 18 hours of talk-time, and enhanced Kenwood audio.

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*Includes Ah Li-ION battery & desktop charger
Here’s what’s inside this issue of the KISCO Perspective Newsletter:

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Upcoming KISCO Seminars

- Sept. 11, Fri. Las Vegas, NV Efficient-dentistry
- Sept. 18, Fri. Indianapolis, IN Efficient-endo
- Sept. 19, Sat. Indianapolis, IN Efficient-prosthetics
- Sept. 25, Fri. Dallas, TX “What Do You Say When?”
- Oct. 16, Fri. Columbus, OH Efficient-prosthetics
- Oct. 17, Sat. Columbus, OH Efficient-endo
- Oct. 23, Fri. Dallas, TX Recession Proof Your Practice
- Nov. 6, Fri. Atlanta, GA Efficient-endo
- Nov. 7, Sat. Atlanta, GA Efficient-prosthetics
- Dec. 4, Fri. San Antonio, TX Efficient-prosthetics
- Dec. 5, Sat. San Antonio, TX Efficient-endo
- Feb. 3 - 7, 10 Dominican Republic The $1,000,000 Staff Seminar

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Go to www.kiscodental.com & click on the microphone icons to hear Dr. Steven’s discussion about many of our products!