

Set Lasers to Stun

I am a dentist who likes to be kitted up with the latest gadget, but I am on a budget. I like my working day to flow with few stresses and I like to have a solution to any problems directly at hand, but I also like to push myself to practice new techniques.

Some techniques will change your life forever and some will just make life easier. Soft tissue lasers are just such an item and I believe they have now found their niche.

When I qualified as a laser dentist in 2001 all sorts of propaganda was being handed out to sell the few dentists in the world an industrial giant of a gadget. If you believed the blurb you could treat just about every condition from decay and bone removal to making a cup of tea in the interval.

So many types, so many bandwidths and even more settings to confuse and confucate. The cost was outrageous and the footprint on your surgery floor meant that you had to sack a member of staff just to make room. You had to be a master craftsman to cleave the delicate glass fibres as well to create the perfect beam.

As was the case with the mobile phone, over the last decade the most useful dental laser for the general dentist has been miniaturised and is beautifully tuned for the procedures for which it is capable of carrying out. Tips are disposable and tested after they leave the factory so no entry to the worshipful order of glaziers is necessary.



Troughing



In my view the diode laser was always the natural successor of the electrosurgery unit, with all the benefits of a bloodless field and faster and less painful healing. Now that we have machines the size of a pen with powerful batteries that hold charge and recharge fast (1 hour) the laser has become the preferred technique for haemostasis, crown lengthening, and most soft tissue techniques. You can relieve ulcer pain by cauterising them, remove fibromas, carry out frenectomies, vaporise pulp exposures for high pulpotomies and generally attack anything with haem in so you are only limited by your imagination.

Gingivectomy



Gingivoplasty



Frenectomy



Other laser procedures:

Abscess	Expose teeth	Implant exposure	Emergence profile
Aphthous ulcer	Fibroma	Lesion removal	Hypertrophic tissue
Biopsy	Flap	Operculectomy	Leukoplakia mucocle
Canker sores	Frenectomy	Ovate pontic	Tissue retraction
Contouring	Frenotomy	Papillectomy	Tissue welding tongue tie
Curettage decon - bacterial	Gingivectomy	Periimplantitis	Troughing
Denture sore	Gingivitis therapy	Perio-chronic	Ulcers general
Distal wedge	Gingivoplasty	Perio-acute	Vestibuloplasty
Drain abscess	Hemoostasis	Pulpotomy	Whitening/bleaching
	Herpetic lesion		

I have used the laser for all sorts of techniques but here are the two I use the most, and as a keen electrosurgery user I would say the laser wins every time.

CEREC users:

I find it extremely useful when I am ready to take an image on my cerec camera and I have grazed the gums around the margin of my prep just enough to stop me working. Zap it with the laser and you are back in business in less than 30 seconds. Similarly the same area will bleed when you paint all those irritants on it just before you bond up, just zap it again and you are going to fit a beautifully clean restoration.

Implant restorers:

It is so reassuring when a patients implant is healing so well that the gum has grown over your surgery carefully placed shallow healing cap, but you are the one who has to explain that another procedure is required to expose and reshape the gums around the implant. You could do this with a biopsy punch (neat but bloody), an electrosurge (you have to have a very steady hand if you don't want the patients nose to flash red and buzz) or you could pick up your handy pen laser (Powerpen) and zap it. The tissues evaporate away but the benefit is they stay where you leave them. Lasers work at much higher temperatures than electrosurge so the damage to the tissue that is left is far more superficial, this means when you leave tissue it is less likely to recede afterwards.

Your laser may not add value to the procedures you are carrying out if you are not used to talking your patients through every stage of their treatment, but in marketing terms our American cousins have benefited in a major way by highlighting their "Laser Dentist" status, which has enabled them to add value to their entire range of services and the position of the practice in the local community.

It will certainly make life easier and for the price of a few crowns will continue to help well into the future.



Ashley Watson is a general dental practitioner and owner of The Smile Centre in Canterbury he has been a qualified laser dentist since 2001.



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