

# AESTHETIC Update



Compiled by Geoffrey M. Knight

## NTI Tissue Trimmer

Dentistry creates many challenges for practitioners who constantly battle the difficulties of working within the limited confines of the oral cavity.

**Technological advances have improved the delivery of dental care considerably although they usually come with a fairly considerable price tag, so it can be quite gratifying to find an instrument that improves the efficiency and quality of dental care for less than \$100.**

The NTI Tissue Trimmer\* is a ceramic surgical bur indicated for the management of gingival tissues. The bur is used in a high speed handpiece between 300 000 and 500 000 rpm, without a coolant spray, and works by heat cauterizing the gingival tissues as the bur passes through them.

The range of applications includes widening a sulcus prior to impression taking, exposing cervical caries, exposing impacted teeth or intraosseous implants and gingival recontouring. While many of these procedures can be achieved using lasers, electrosurgery or a scalpel, the set-up time required is only as long as it takes to remove the bur from its sterile sheath and simple operations can be carried out without the use of local anesthetic.

The bur can be dry heat sterilized or autoclaved. However, it should be separated from other instruments to avoid damage to the ceramic tip. It is most important to separate the tip from diamond burs during ultra sonic cleaning prior to sterilization. Any observable damage to the ceramic tip requires disposal of the instrument.

### CLINICAL CASE

A boy aged eight and a half years presented with his mother complaining of an upper right central incisor that had failed to erupt (Fig 1).

A small amount of local anesthetic was injected into the buccal mucosa and capsule to avoid discomfort and assist with hemostasis prior to exposing the tooth (Fig 2).

The incisal portion of the crown was duly exposed, without coolant, using small backwards and forwards motions of the bur along the dissecting plane, with the tip placed gently against the surface of the incisor. Observe the lack of bleeding during tissue preparation (Fig 3).

The completed case, achieved in less than five minutes, prior to dismissing the patient (Fig 4).



Fig 2. Local anesthetic was injected buccally prior to exposure to avoid discomfort and assist with hemostasis.



Fig 3. Bur used with small backwards and forwards motions along dissecting plane without coolant.



Fig 1. Patient presented with an unerupted right central incisor.



Fig 4. Completed case showing minimal bleeding after crown exposure.

\* Available from Gunz Dental 1800 025 300