Onset: Making local anesthetic better

By Onpharma Staff

It was approximately 11 years ago when Onpharma’s founder, Mic Falkel, DDS, first recognized that the performance and inconsistency of his local anesthetic was sub-optimal and was contributing to practice inefficiency and frustration.

As a chemist, he knew anesthetics had a very low pH of 3.5, and if he could find a way to raise the pH toward physiologic just prior to administering the anesthetic, it would increase the speed and predictability of anesthetic onset.

In addition, raising the pH from an acid to physiologic neutral would provide a more comfortable injection.

In February of 2011, Onpharma launched Onset®, the first and only chairside buffering technology that allows dentists to dramatically increase the pH of their anesthetic toward physiologic just before administering.

In the three years since the launch, there have been more than 1 million injections given in the United States using this new technology. Buffering has changed the expectations of anesthetic performance for virtually thousands of practices around the country.

“Our goal is to transform dentistry by giving clinicians a way to deliver their injections and complete the entire procedure without ever leaving the patient,” said Dr. Falkel. “Using The Onset Approach,’ dentists can buffer their anesthetic, stay with the patient and go right to work. This routine provides a better patient experience, improves practice flow and gives the doctor and staff more time to spend on the things that matter most,” Falkel added.

Use ‘The Onset Approach’ to improve productivity

To a greater degree than most healthcare professionals, dentists must keep multiple balls in the air throughout the practice day to make practical use of the eight-to-15 minute anesthetic latency period.

Using The Onset Approach eliminates this requirement and provides practitioners a way to deliver the injection, start working right away and complete the entire procedure without interruption, saving the practice more than 10 to 15 minutes per restorative appointment.

The tasks that were once handled while the patient was getting numb can now be handled after saying goodbye to the patient, which is revolutionary to the practice.

By eliminating the time pressure that comes with knowing there is a patient “marinating” in the chair awaiting the dentist’s return, hygiene exams and other office tasks can be completed with less stress and distraction.

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Here in Chicago

Stop by the Onpharma booth (No. 1143) during the Chicago Midwinter Meeting to learn more about buffering and find out how easy it is to get started, or visit Onpharma online at www.onpharma.com.

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Controlling tissue contours with a prosthetically driven approach

By Timothy F. Kosinski, DDS, MAGD

With continual improvements in the design and production of implant systems and restorative components, the consistent results, predictability and long-term prognosis offered by implant therapy is making the treatment an increasingly popular technique for replacing missing teeth. The aesthetics, durability and precise customization offered by modern prosthetic components enable clinicians to provide ideal final restorations their patients can depend on.

For the best results and maximum efficiency, implant therapy should be approached comprehensively, with the final result visualized from the outset. Technology has advanced to the point where smile design, emergence profile and margins can be established prior to any surgical intervention, giving clinicians a clear picture of the optimal prosthetic outcome that can be carried through each phase of treatment.

The Inclusive® Tooth Replacement System (Glidewell Laboratories, Newport Beach, Calif.) simplifies this approach by providing everything needed for an implant case in a single package, building toward the final restoration with patient-specific components that begin shaping the patient’s soft-tissue contours immediately following surgery.

Experienced dental technicians use the latest in CAD/CAM technology to design custom abutments that sculpt the gingival contours during the healing phase, setting up a smooth, predictable transition to the final custom abutment and crown.

Until recently, surgical placement of the implant was the primary concern. Improvements in dental implant design have led to better initial stability and less crestal bone loss over time. While positioning and angulating are crucial, achieving the most aesthetic final result possible is also now of paramount importance if seeking to meet or exceed patient expectations.

The Inclusive Tooth Replacement System takes significant strides in facilitating the creation of superior, more predictable esthetics. With the optimal emergence profile driving the design process, clinicians now have the necessary tools to manage soft-tissue contours with custom components that approximate the root design and structural anatomy of a natural tooth.

The case that follows illustrates how an all-inclusive, prosthetically driven treatment protocol assists the clinician in achieving an excellent clinical outcome while streamlining the surgical and restorative phases of treatment.

Because the case involves the replacement of a central incisor in the anterior, where creating an ideal emergence profile is especially important, the aesthetic benefits of this approach are particularly evident.

Case report

A 55-year-old female presented with a fractured maxillary left central incisor (Fig. 1). After careful intraoral and radiographic examination, it was determined that an implant could be predictably placed in the bone without complication. The primary goal was for the ultimate emergence profile of the final restoration to match that of the natural tooth being replaced and that of the adjacent central incisor.

A flapless surgical protocol was selected to retain as much gingival tissue as possible. The laboratory produced a surgical stent to assist with the initial orientation of the pilot drill. A radiograph was taken to ensure proper mesial-distal positioning and equal spacing between the adjacent natural teeth. Once proper angulation was verified, typical implant techniques were used.

Treatment began with the atraumatic extraction of the root. Main-taining the facial plate of bone was critical to facilitating optimal tissue healing and allowed for flapless placement of the dental implant.

Digital radiographs were used before, during and after surgery to ensure ideal implant angulation and depth. A pilot drill established the desired depth, and the apex of the implant was safely and effectively positioned in line with the roots of the adjacent teeth.

Following implant placement, the choice was made to not immediately load the implant with a transitional crown because sufficient primary stability was not achieved.

The custom healing abutment was placed (Fig. 2), and because the tooth being replaced was in the esthetic zone, a removable partial denture was used as a transitional appliance.

The custom contours of the healing abutment effectively managed the patient’s soft tissue. For added esthetics, the maxillary right central incisor crown was replaced following preparation.

Upon completion of the healing phase, ideal gingival contours were evident (Fig. 3), which made delivery of the final restoration a smooth endeavor that was comfortable for the patient and required no chairside adjustments (Fig. 4).

Conclusion

As demonstrated by the natural margins, soft-tissue contours and emergence profile achieved in this case, a prosthetically driven approach to implant dentistry provides excellent clinical outcomes.

Visualizing the final restoration from diagnosis and treatment planning through delivery of the final abutment and crown helps to ensure a predictable result.

The Inclusive Tooth Replacement System simplifies this approach by harnessing patient-specific tissue contouring and an all-inclusive clinical protocol to guide cases toward a functional and esthetic conclusion, with each step of the restorative process setting up the next for success.

ONSET 

Onset helps me build great relationships and keep my schedule running smoothly, which is important to my practice and also my personal life. I’ve had the Onset Digital X-ray system for about two years now, and it’s been great to have it in my clinic. It’s easy to use, and the images are very clear and detailed. I’ve had great feedback from my patients, who appreciate the convenience and accuracy of this technology. Overall, I recommend it to all dental practices looking for a reliable and high-quality x-ray system. Thank you for providing such an excellent product! —Dr. John Doe, DDS

ONSET 

The Onset Approach also allows for more flexibility in order to handle patients who arrive late for their appointments, deal with emergencies or make adjustments that keep the practice on schedule.

Quality care that staff and patients appreciate

Once a practice has incorporated buffering into the anesthesia routine, it can consistently treat one patient at a time, giving each individual the attention and quality care every person can really appreciate. Patients love that the dentist will see them right on time and stay with them throughout the entire procedure, making them feel like the center of attention throughout their visit.

The Onset Approach also provides more order and predictability throughout the day, which provides a calming effect on the practice that the staff can really appreciate.

Transform your practice

Dentists using The Onset Approach have seen amazing efficiency improvements in their practice.

“I use The Onset Approach every day on all my restorative cases, and my patients love the fact that I can get the procedure done faster and enhance their patient experience,” said Onpharma customer Mark Morin, DDS.

“Onset helps me build great relationships and keep my schedule running smoothly, because I can stay with my patient and get right to work.”

The bottom line: The Onset Approach lets clinicians finish what they’ve started without interruption or distraction, benefiting the patient and the practice.