The laser that can do it all — for all

Industry professionals discuss their top laser procedures

Before

After

For more on this topic, go to **www.dentaleconomics.com** and search using the following key words: *dental lasers*, *clinical dentistry*, *oral surgery*, *restorations*, *orthodontics*, *implant dentistry*.

Universally, the soft-tissue diode laser has emerged as a favorite clinical tool among professionals working in the dental device market. Ranked at the top is AMD LASERS' Picasso/Picasso Lite line of dental lasers which, in record time, continue to produce extraordinary results in the operatory. Whatever the laser specialty — dentist, hygienist, or academic — this line is truly for everyone. Professionals reveal their choice procedures and explain how this revolutionary laser has advanced treatment in their practices and classrooms, thus changing the lives of their patients.

Using lasers for crown troughing

Ron Kaminer, DDS
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"My favorite procedure using this laser is soft-tissue smile enhancements. The laser allows me to predictably recontour excess soft tissue in the anterior region, with minimal postop discomfort. Very often this can be done without local anesthetic. Dental plastic surgery (if you will) can be done with the laser in situations of need (excess tissue around orthodontic brackets) as well as situations of pure esthetics (in conjunction with veneers or post orthodontic cases). The laser is worth its weight in gold. Multiple applications allow for a rapid return on investment. There is nowhere else in dentistry that I know of where you can invest less than $5,000 and be able to produce more than 10 times your investment so quickly."

Dr. Benjamin Jump, DDS
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"I purchased my laser for crown troughing around CEREC restorations so that the margins would be easy to identify. Without a doubt, the laser makes the design process within CEREC so much easier because there is no guessing as to where the margin is located. But what has really made the difference in my practice is all the other applications I use the laser for on a daily basis. From gingival recontouring following short-term braces or Invisalign to something as basic as treating an aphthous ulcer or herpetic lesion, the laser has improved the level of care in my office and in the lives of my patients. As dentists, we make equipment purchase decisions for a number of reasons, most of which have to do with how they enhance our clinical treatment. What I didn't realize about the laser when I purchased it was that it was going to create a buzz in my community about the technology we offer. This has subsequently led to a tremendous increase in new patients. My advice is to purchase a laser to improve your quality of dentistry and then sit back and watch your practice soar!"

Fay Goldstep, DDS
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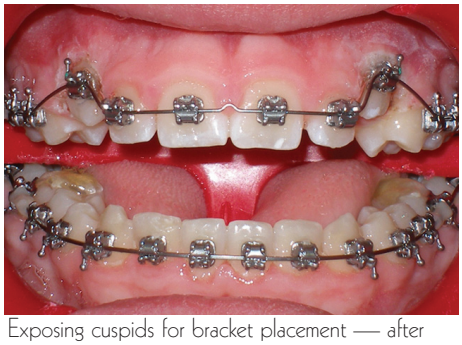
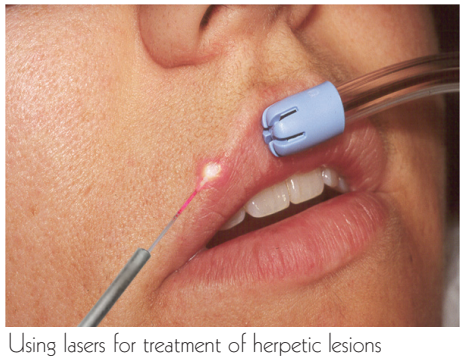
"My favorite clinical procedure is laser-assisted periodontal treatment to heal periodontal pockets. The protocol is as follows: First, the hard tissue side of the pocket is debrided with scaling and root planing (SRP). Next, a laser bacterial reduction and coagulation of granulation tissue


Laser-assisted periodontal treatment


Exposing cuspids for bracket placement — before


Exposing cuspids for bracket placement — after


Using lasers for treatment of herpetic lesions


Implant recovery

using the laser is performed. The laser fiber is measured to a distance of 1 mm short of the pocket depth. The fiber is used in light contact with a sweeping motion that covers the entire epithelial lining, starting from the base of the pocket and moving upward. Finally, a low-level laser tip is applied at right angles and with direct contact to the external surface of the pocket for biostimulation. There is significant proof that the addition of laser-assisted periodontal treatment to scaling and root planing improves outcomes in mild to moderate periodontitis. The above steps create the ideal environment in the periodontal pocket for healing to take place. SRP takes care of the hard tissue side of the pocket; the laser takes care of the soft tissue side. Neither is a standalone procedure. We need both to create health."

Dr. Louis Chmura, DDS
www.teamchmura.com

"One procedure I do regularly with my laser is expose cuspids for bracket placement. In orthodontics, placing the bracket correctly is critical for proper movement. In the situation illustrated, I would often wait months or even a year for the teeth to erupt. Currently, I use my laser to expose the cuspids (the procedure takes me about 30 seconds) with little pain to the patient. The laser cauterizes and sanitizes so I can bond immediately on a dry field and save the patient (and my staff) several months in treatment. The laser continues to be an asset in the operatory. It is lightweight and easy-to-use, and it has enhanced my practice daily in countless ways. I rely on the laser for many soft-tissue procedures, and it never fails to deliver."

Kathy Traub, RDH
kjtraub@yahoo.com

"I have successfully used the laser over and over again for the treatment of aphthous ulcers and/or herpetic lesions in my patients. Patients enter the operatory in a great deal of pain and within minutes of using the laser during treatment, their pain has subsided and their condition has improved considerably. An additional feature of the laser that I greatly value is the distinctive whitening system capability. Treatment without the laser means patient procedures that are much more labor-intensive and require increased healing time. The laser's ease-of-use and multifaceted capabilities deliver a successful clinical outcome, resulting in happy, smiling patients."

Stanley Jachimowicz, DDS
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"I have been very happy with my laser. I use it on a regular basis for minor oral surgical procedures, such as cuspid uncoverings, frenectomies, second-stage implant exposures, and tissue sculpting around implant and soft-tissue grafting sites. I find laser use in implant dentistry to be invaluable. I am especially pleased with the comfort settings, which allow me to perform minor procedures without the use of injected local anesthesia. My patients state that they 'feel very little.' Most procedures are used on a 3- to 4-watt setting with ease." **DE**