Isolation for different filling techniques (Relative and absolute isolation)

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Isolation

This word came from latin, it means confine, separate

The fact that something is separate and not connected to other things (Cambridge Dictionary)

Synonym: hermetically sealed



Isolation of operating field in dentistry

Relative:

- Make amalgam
- Make glassionomer, phosphate cement
 - Long term temporary
 - Decidous teeth

Absolute:

- Adhesive filling
- Remove amalgam filling
 - Allergy
 - Pregnancy
 - Childs
- Endodontic treatment
- Adhesive cementation
 - Crown
 - Bridge
 - Inlay, onlay
 - Glass fiber
 - Veneers
 - Core build up

Goals

- 1. Moisture control
 - Saliva
 - Blood
 - Crevicular fluid
 - Moisture of breath
- 2. Prevention from aspiration and swallowing
 - Water vapour
 - Restorative debris
 - Endo instruments
 - Solutions
 - Burs

Goals

- 3. Retraction and access
 - Tounge
 - Cheek
 - Lips
 - Open mouth
- 4. Harm prevention
 - Alarm the patient
 - Aspiration and swallow
 - Accidently soft tissue damage
 - Patient comfort
 - Microorganism

Type of isolations

1. Relative

2. Absolute (rubber dam)

1. Relative isolation

Materials and instruments

Cotton rolls

Suction devices:

- Saliva ejection
- Exhaustor

Retraction cord

Mirror and evacuator tip for retrection

Other instruments (cotton rolls holder by Bányai, Huszár)

Mouth props

Teflon tape

Cotton rolls, parotis rolls





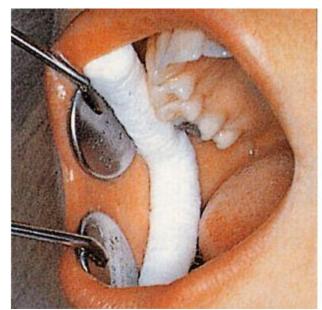
Cotton rolls, parotis rolls











Upper jaw (maxilla)



Lower jaw (mandibula)







Cotton rolls (vatta rolni)



The cotton rolls must be wet when we take off!

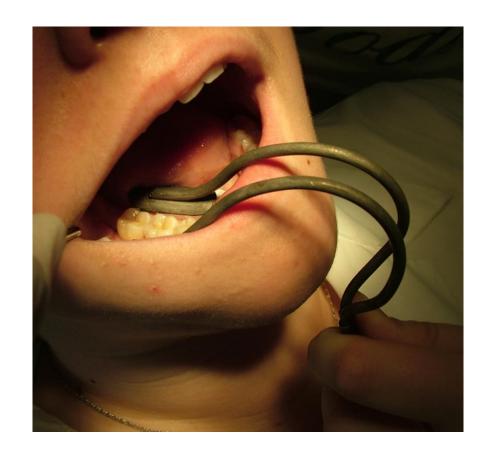
Cotton rolls holder by Bányai



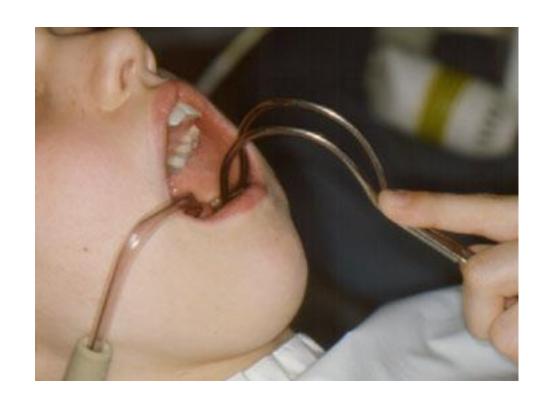


Cotton rolls holder by Bányai





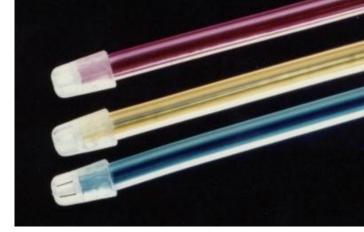
Saliva suction





Saliva ejection

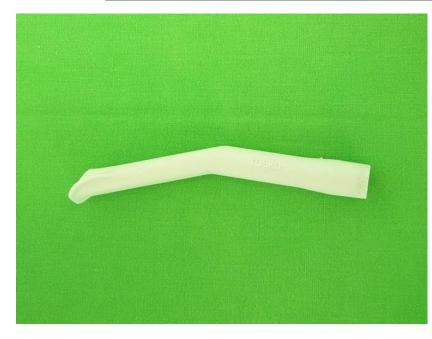








High performance vacuum evacuator (Exhaustor)

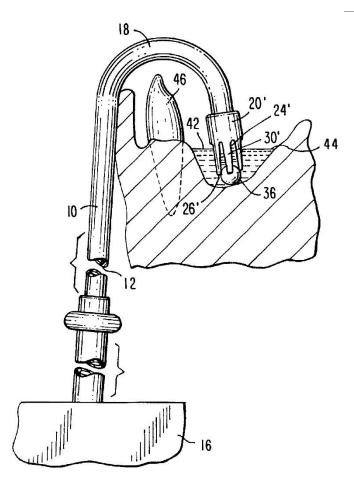






Saliva suction, exhaustor

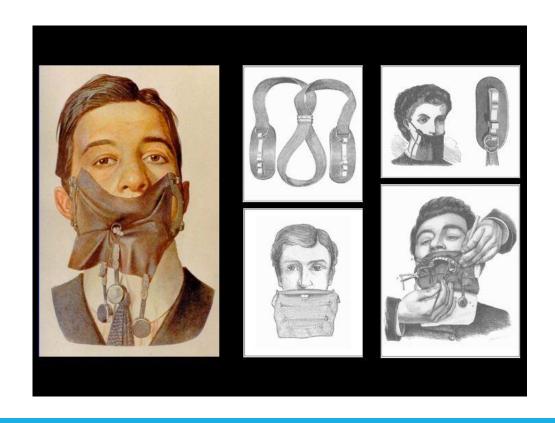




2. Absolute(Rubberdamology)

History

S. C. Barnum (1864)





Advantages

Dry, clean operating field

Access and visibility

Improved properties of dental materials

Protection (both patient and operator)

Operating efficiency

Disadventages

Time consuming (3-5 minutes)

Asthma

Latex allergy

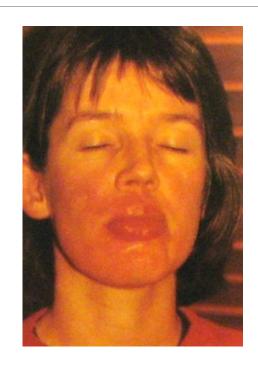
Costly

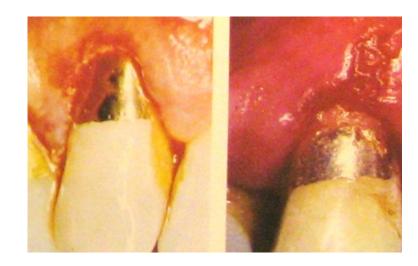
Teeth depending

- Decidous teeth
- Unerupted teeth
- Malpositioned teeth

Abridge the respiration

Clamp aspiration or swallow





Can hurt the enamel or cement and soft tissues (strangulation, gingiva wound)

If we use the proper instrument, and we ask carefully the patient before the treatment, we can't make mistakes

Materials and instruments

- 1. Rubber dam material (individual sheets)
 - Thickness
 - Weights
 - Color (contrast)
 - Shiny and dull side





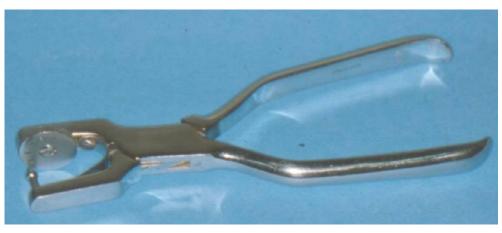
Materials and instruments

2. Puncher

- Rotating metal disk
- 6 holes (Ivory type)
- 5 holes (Ainsworth type)



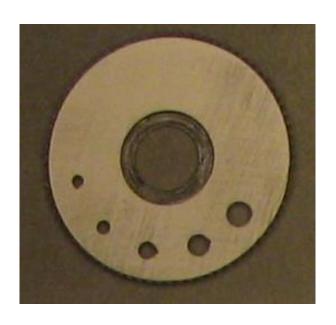




Materials and instruments - Ainsworth puncher







Materials and instruments - Ivory puncher









Materials and instruments - ASH puncher

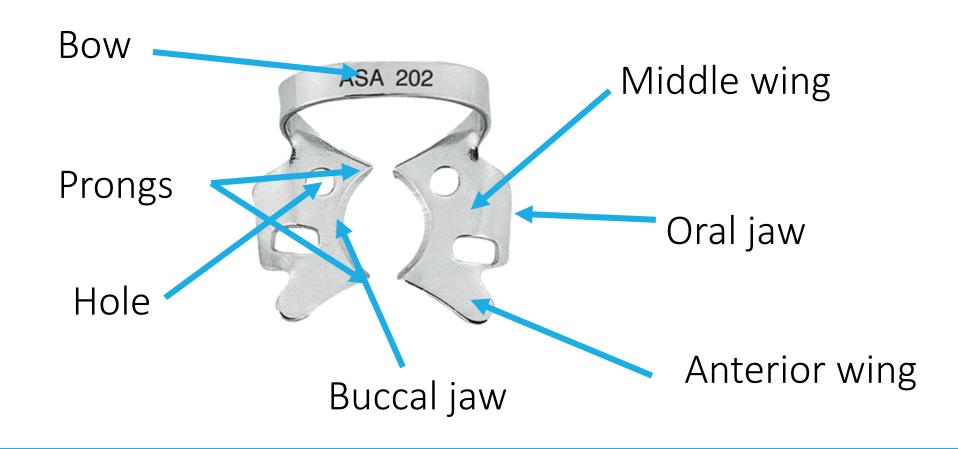


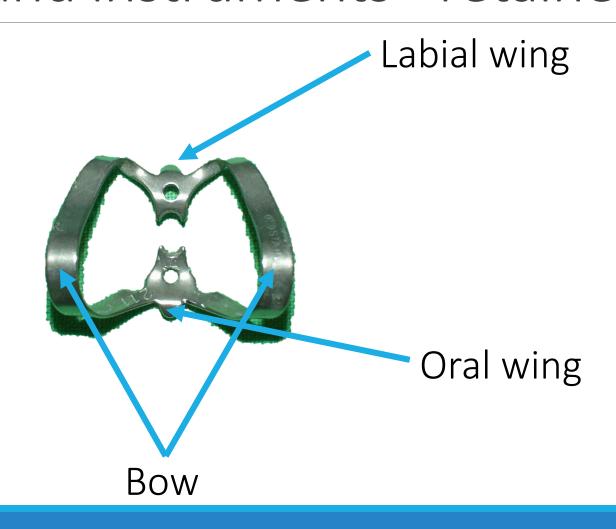


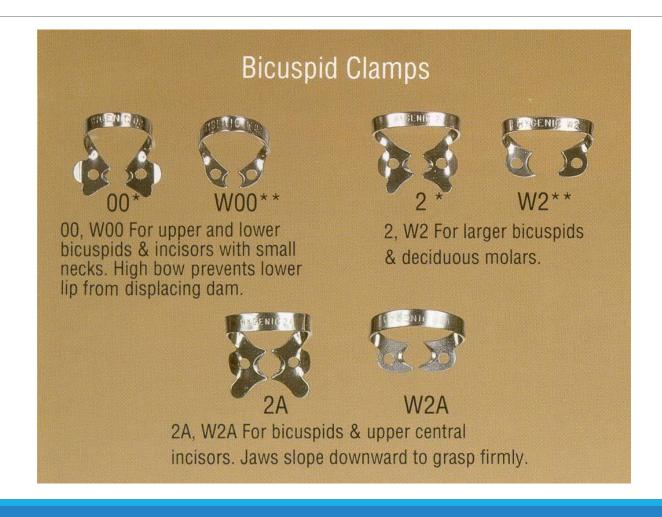


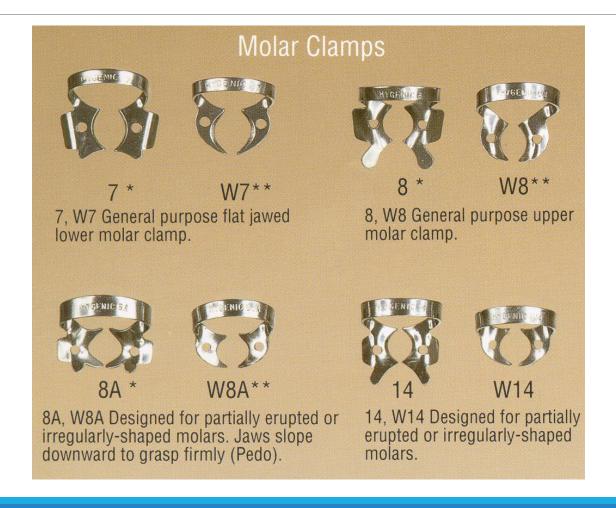
Materials and instruments

- 3. Retainer / clamp
 - Retainers can fix the rubber dam on the tooth
 - Parts:
 - 4 prongs
 - 2 jaws
 - Bow
 - Hole
 - (wings)
 - Material: plastic, metal
 - The types of the clamps
 - Winged Wingless
 - Crown Root
 - Clamps designed for certain teeth groups



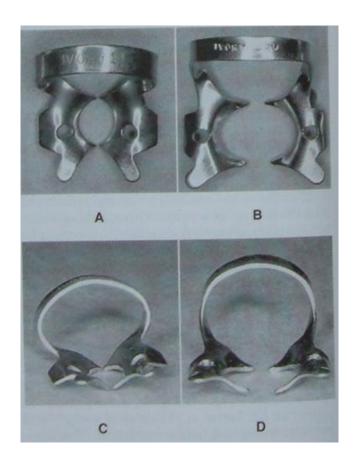


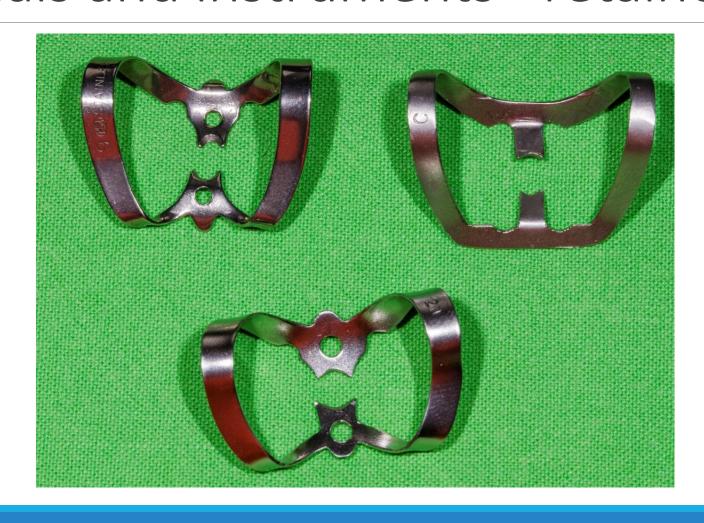












Materials and instruments - retainer





Materials and instruments - retainer



Materials and instruments - retainer



Materials and instruments

- 4. Retainer forceps
 - With the forceps can we place the clamps on the teeth





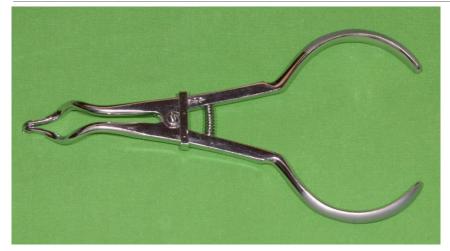
Forceps by Ivory







Forceps by Aesculap



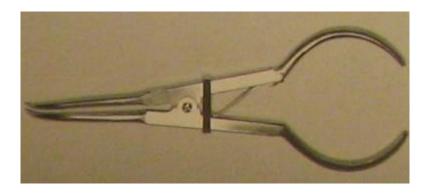






Other forceps

By Martin

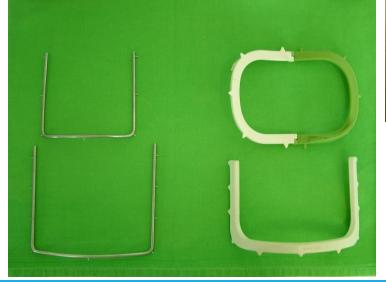


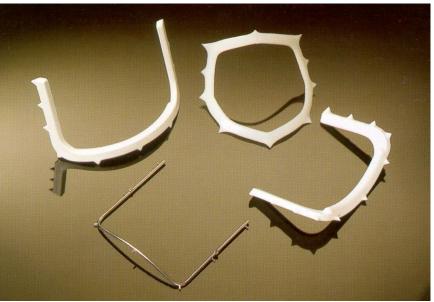
By Krauskopf



Materials and instruments

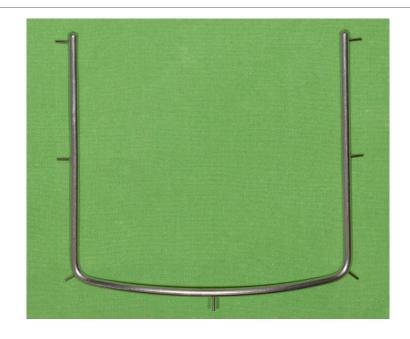
- 5. Holder / frame
 - Maintains the border of the rubber in position
 - Metal (By Young)
 - Plastic
 - Solid (Nygard-Ostby type)
 - Fould-up type (Sauveur type)





Metal Holder (By Young)

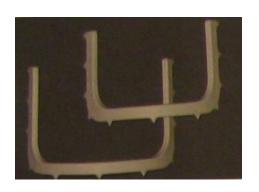




Plastic (Nygard-Ostby)

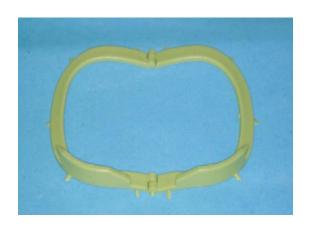


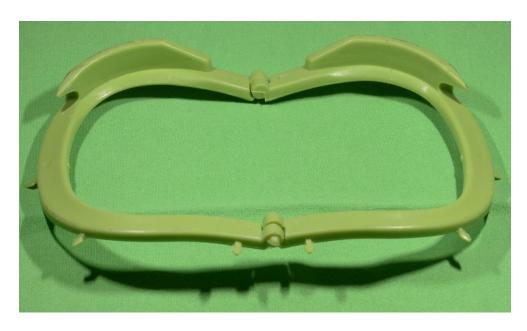






Plastic (By Sauveur)















Materials and instruments

6. Napkin

- Placed between the rubber dam and the patient skin
- Reduce the possibility of allergic reactions
- Absorbs saliva
- Cushion
- Convient method of wiping the patient's lips

Materials and instruments

- 7. Lubricant
- 8. Rubber dam template, rubber stamp
- 9. Flowable rubber dam / block out resin
- 10. Anchor
 - Wedge
 - Dental floss, dental tape
 - Small piece of rubber dam
 - Rubber tubes

11. Flaggs



Hole size and position

Template

Stamp

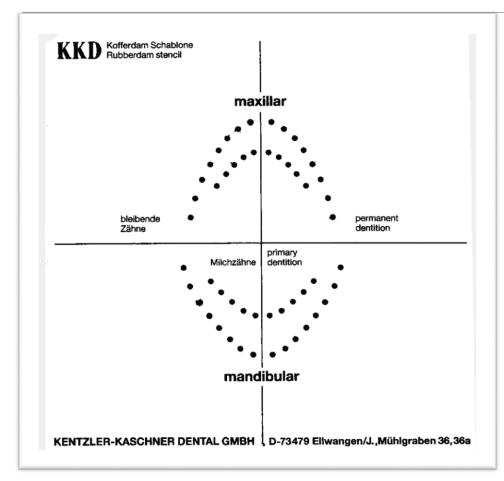
We can mark the tooth in the oral cavity

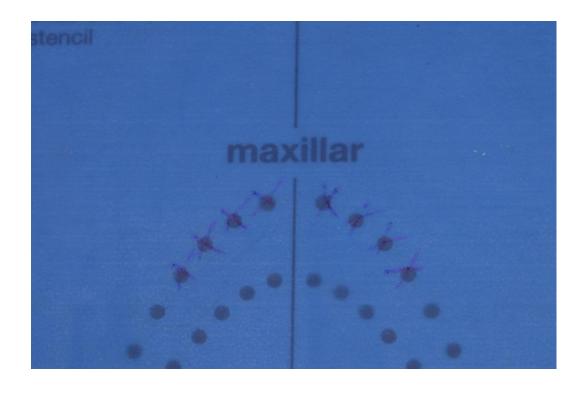
At least 3 teeth isolation recommended

Distance between 2 holes is 6 mm

Posterior clamp is placed first

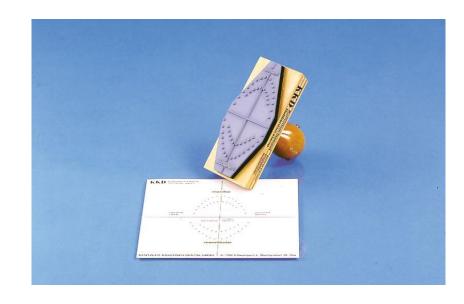
Materials and instruments - template



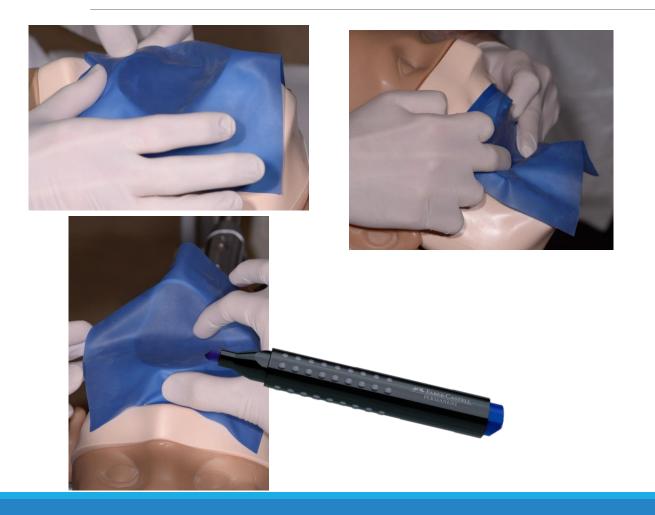








Materials and instruments – in oral cavity



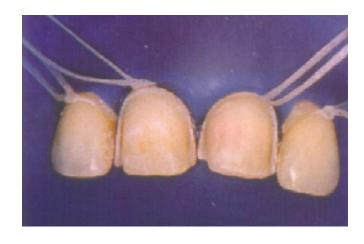




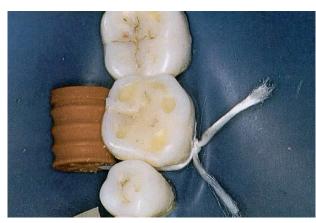


Materials and instruments - anchor









Materials and instruments - anchor





Materials and instruments - anchor



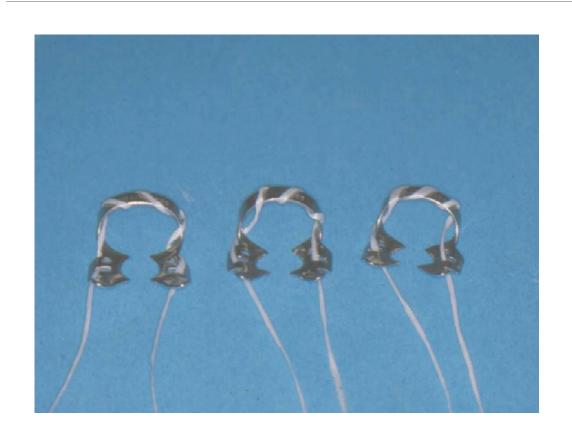


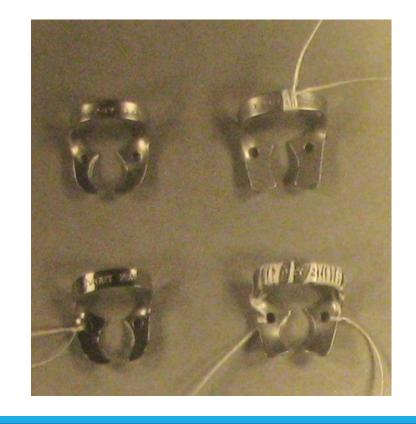


Steps

Inspect the tooth/teeth
Choose the appropriate clamp
Place the dental floss on the clamp
Clamp try in (stability, retention)
Make the hole on the rubber dam







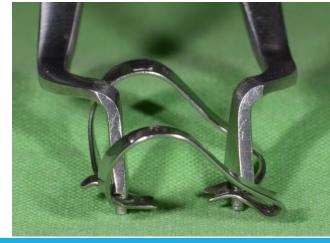
Clamp try in



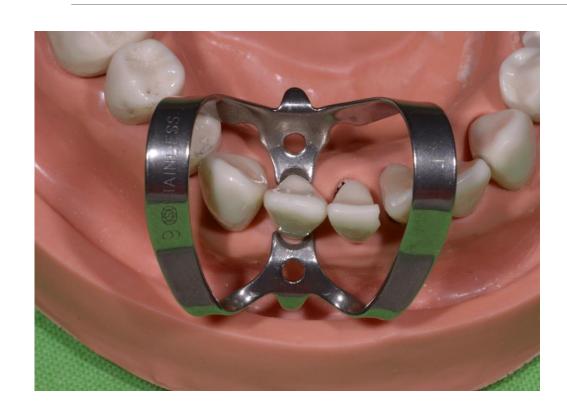








Lower, winged front clamp





Lower, wingless front clamp





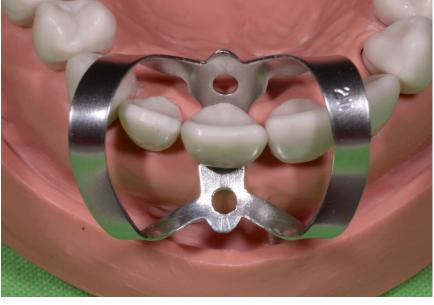




Upper, winged front clamp







Winged premolar clamp







Winged premolar clamp







Winged molar clamp







Winged molar clamp







Winged molar clamp





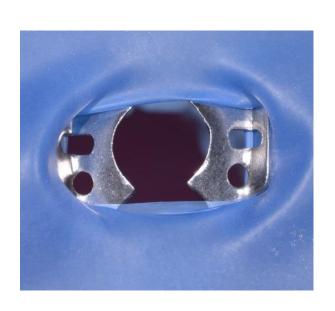


Placement

- 1. Place the **rubber dam with** the **retainer**, then the holder
 - Rubber-dam on the clamp's wings
 - Rubber-dam on the clamp's bow
- 2. Place **first the rubber dam**, then the clamp, and the the frame
- 3. Place first the clamp, then pull the rubber dam through the clamp and then the holder
- 4. Place in **one piece** the retainer, the rubber dam and the holder

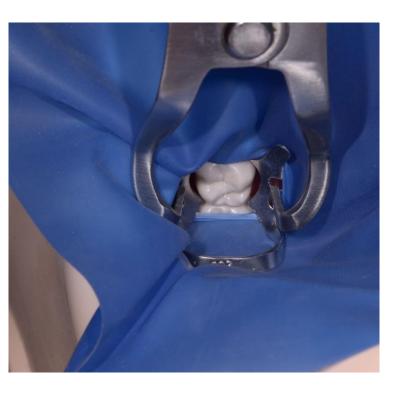
Place the rubber dam with the retainer, then the holder

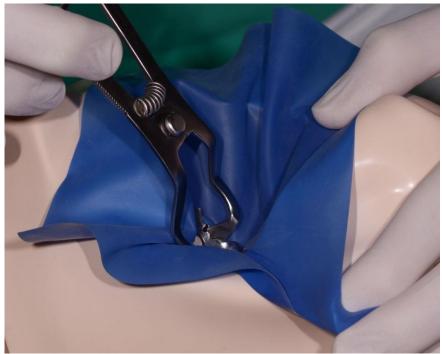
Rubber-dam on the clamp's wings

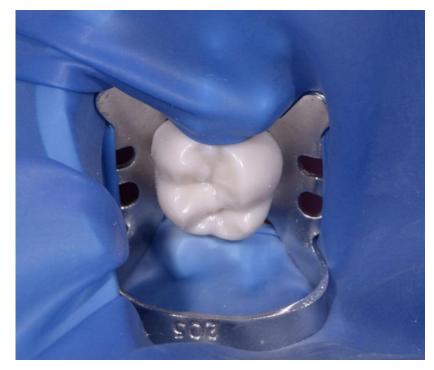








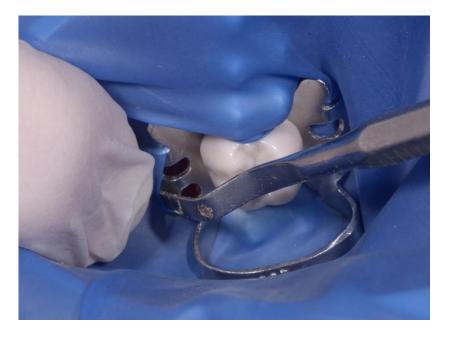












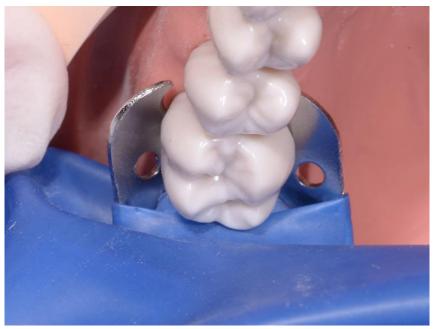
Rubber-dam on the clamp's bow











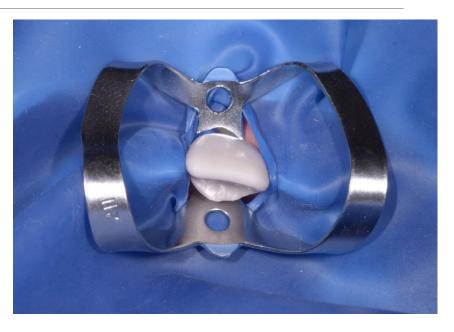




Front-tooth isolation











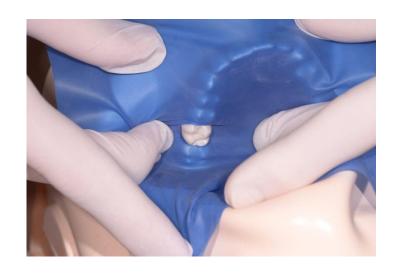
Place first the rubber dam, then the clamp, and the the frame

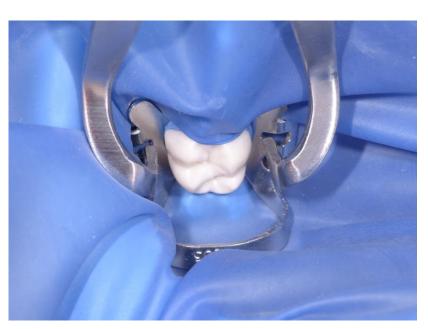
We need assistance

Nurse hold the rubber in position

Dentist place the clamp on the tooth

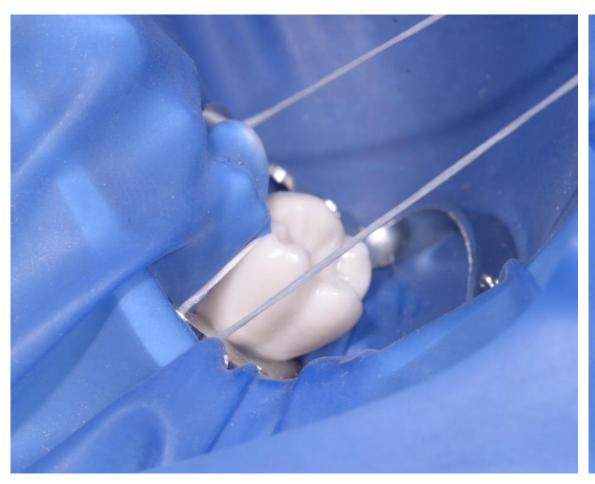
Then place the holder

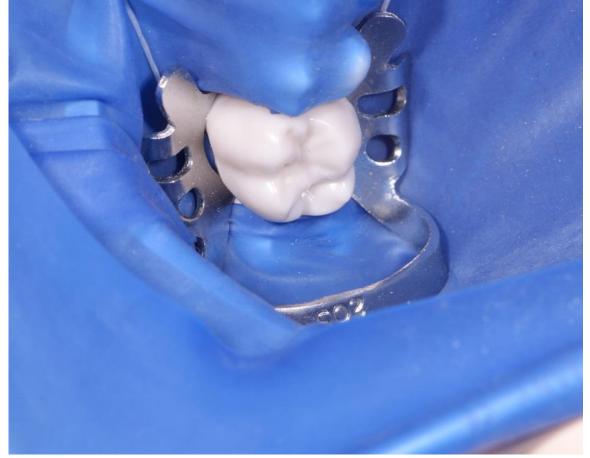






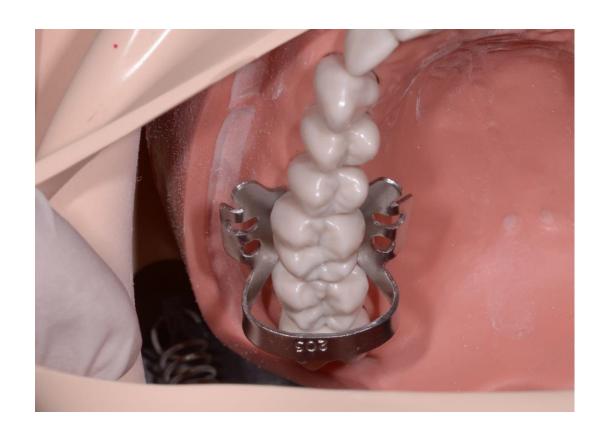


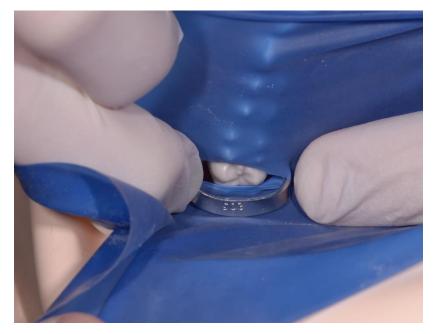




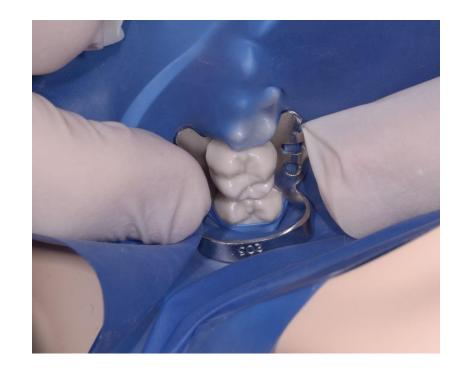
Place first the clamp, then pull the rubber dam through the clamp and then the holder



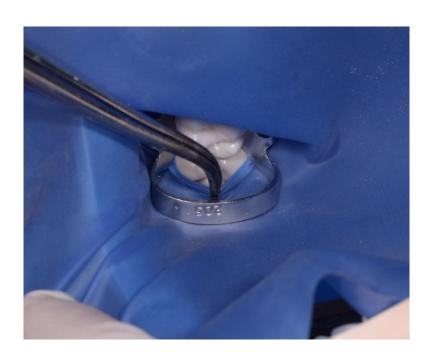








Adaptation of the rubber dam





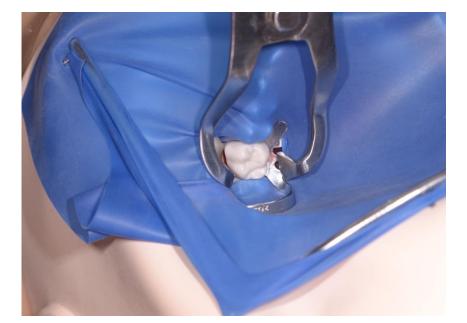




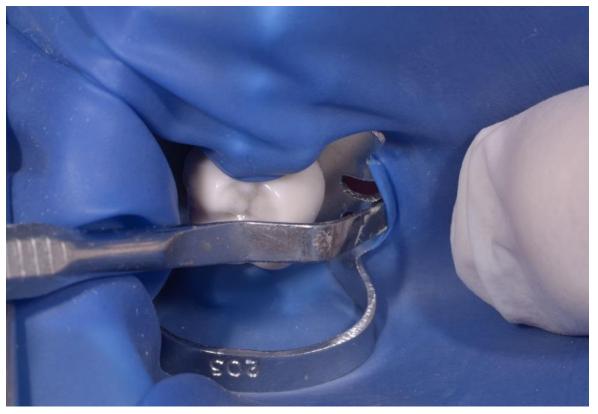
Place in one piece the retainer, the rubber dam and the holder











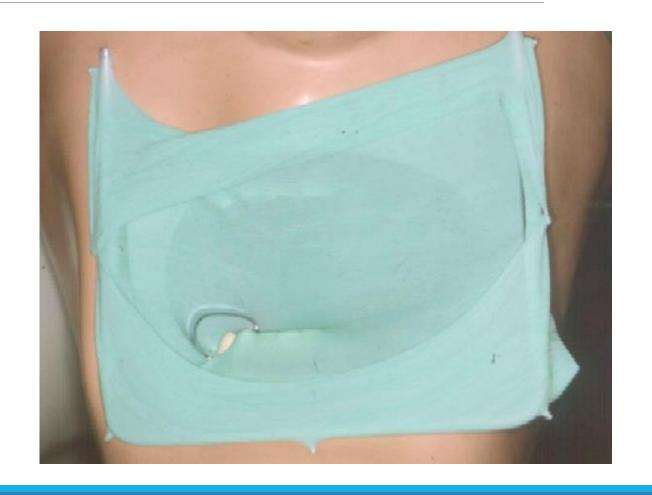
Placement of the holder

Metal frame- over the rubber dam

Plastic frame – under the rubber dam

We can make pockets





Take off

- 1. Accessories (wedge, dental floss, flowavle rubber dam etc.)
- 2. First the retainers
- 3. In some cases, we need to cut through the rubber dam
- 4. Take off the rubber dam and the frame together

Errors in application and removal

Off-center arch form

Inappropriate distance between the holes

Incorrect arch form of holes

Inappropriate retainer

- Too small
- Unstable
- Impinge of soft tissue
- Unadaptable wedge

Torn dam

Incorrect techinque for cutting septa

Thank you for your attention!

Special thanks to dr. Peter Komora and dr. David Jelencsics