

OptiView: the simple and perfect complement for moisture control in dentistry

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General introduction to moisture control technique

The advantages of moisture isolation for restorative procedures in dentistry have already been sufficiently discussed and since the introduction of adhesive techniques, has practically been declared “conditio sine qua non”. There is a distinction, however, between relative moisture control (cotton rolls, etc.) and absolute moisture isolation (rubber dam). Anyone who has gathered much experience with rubber dams will likely chuckle at this as even those with ample experience using them know that they can leak and that there are situations where placement of a rubber dam is extremely impeded or impossible, thus restricting the quality of the work.

It has not been scientifically demonstrated that the quality of restorative work is improved as a result. An old hand will also obtain fine results using cotton/parotid gland rolls, cheek retractors, dry tips, etc. Being able to save time is often mentioned. The patient rinses less, does not talk and we do not have to continually re-establish the working environment after interruptions.

Rubber dam vs. OptiView™ (KerrHawe)

The rubber dam has come to be used by most dental practices and has certainly become an irreplaceable element of my own practice from the start. In our dental practice, adhesive fillings are set, all endodontic procedures conducted, core build-ups produced and crown bridge restoration prepared and cemented using the rubber dam.

For myself as an experienced rubber dam user, there are certain cases where using a rubber dam will only make things more difficult. Keeping a clear view of things, for example, and the view of the preparation border can be impaired by the rubber dam. Recently, instead of using (just) cotton rolls, I have acquired an enthusiastic preference for KerrHawe’s **OptiView™**. There are also, however, situations where I can simply

attain my objective more quickly and easily using OptiView™, where usage of a rubber dam would also be viable.

OptiView™ is thus not a substitute for, but rather an optimal supplemental aid for those using rubber-dams, as well as for any other practicing dentists. This tool, alongside its sterilisability, offers many advantages compared with similar products: it produces little to no reflux and it is more economical thanks to being in such widespread use. OptiView™ does not slide out either, nor does the patient sweat beneath it. Naturally, sterilisation and possible surgical packing involve some effort, but this is definitely worth it.

Essentially, dental work runs very smoothly and in a relaxing manner with OptiView™. The dental assistants scarcely need to hold anything. Mirrors, cheek retractors are largely superfluous, and the dentist has a very good overview, especially vestibularly.

Application possibilities of OptiView™ (KerrHawe)

The application possibilities of OptiView™ are manifold and cover practically the entire dentistry spectrum:

For patients reacting **with panic and claustrophobic symptoms under rubber dams** as well as for those who suffer from **strong nausea**, OptiView™ offers moisture control and convenience without the patient having to suffer unduly. Any problems regarding possible latex allergies is also irrelevant with OptiView™.

Photos can be taken even without assistance and instead of using traditional cheek retractors; **tooth jewellery/gems** can be glued or **bleaching** carried out – without assistance. For the orthodontist, the **gluing of brackets** etc. would certainly be much easier, although I myself do not carry out these procedures.

The **setting of tooth neck fillings** can be done much more effectively and quickly than when using complicated clamps or a rubber dam glued with Histoacryl. Based on my own experience, I can say that when the mouth is kept open longer using OptiView™, the sulcus fluid no longer flows perceptibly. When the entire mouth is dry, setting a filling successfully can be done without any problem at all.

I have also **extracted teeth** with the aid of OptiView™ (**Image 1**), and by the same token it can be made use of for more significant surgical procedures (autoclaveable at 134°C!).

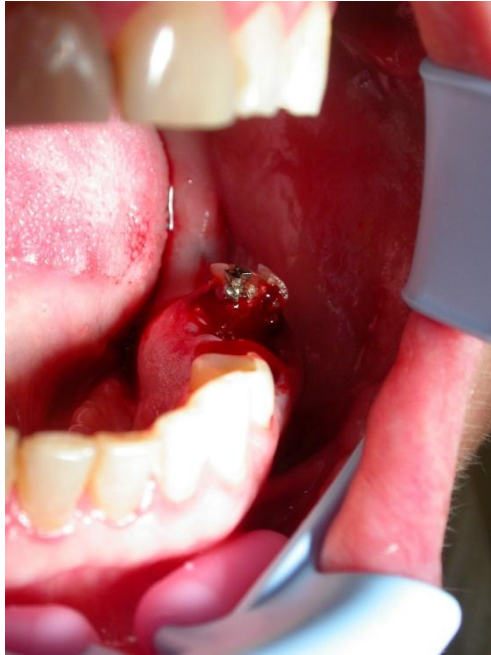


Image 1: Extraction of a tooth with assistance of small OptiView™ (light blue)

My dental hygienist particularly appreciates OptiView™ for **patients with strong lip pressure**, in order to be able to clean the front without any undue effort. Especially in dentistry involving the handicapped, this is frequently the case. The acceptance of OptiView™ in such cases where often the rubber dam is also ripped out, still needs to be checked – and I aim to do that.

Sample cases

1st Case – Teeth 24 and 25: Core build-up, preparation and making a cast plus provisional care

Description of the initial situation: insufficient fillings, infra-occlusal cusp 25 (**Image 2**). The great advantages of this treatment, alongside the numerous referred to above, were that during the preparation of the occlusal gap and the cusp support, everything can be continually monitored in situ when using OptiView™ (**Image 3**). Furthermore, and this is something photos do not show, this is a female patient with myorarthropathy. She did find the frame bothersome, but after I had been working uninterruptedly for 1¼ hours (!) and removed OptiView™, her masticatory muscles felt - subjectively - relaxed. The strength and sturdiness of the frame allows inactive opening of the mouth, the patient was able to, so to speak, allow herself to wholly relax, and was also able to communicate during the procedure with OptiView™ if there was any problem. She felt less helpless.

Ten days later the cementation procedure was done in the same way. By leaving OptiView™ in, the occlusion could also be monitored and small corrections made.



Image 2: *Infra-occlusal cusp 25*



Image 3: *Checking interspacing using OptiView™*

Case 2 – Partial prosthesis for lower jaw: Preparation and impression for a model cast prosthesis

OptiView™ facilitates preparation which is stress-free. The mirror is available for me to be able to monitor my work using the handpiece and I am not impaired by having to retract the patient's cheek or lip.

Just as in the above case, I was able to monitor the occlusal situation and the space for the clamps in situ using OptiView™. Taking the cast was also done in conditions which were stress-free and conveniently arranged - including complete moisture isolation via the saliva ejector. The impression is made using polyether rubber (**Image 5**) without any cotton rolls and could be removed in its entirety, including the frame.

After rinsing, OptiView™ was once again inserted for application of fluoride lacquer to the completely dried teeth of this female patient with evidently active dental caries (**Image 4**).



Image 4: Application of fluoride lacquer with OptiView™



Image 5: Impression with OptiView™

Case 3 – Loss of a tooth gem: Removal of composite residue and re-fixation of the jewel

A somewhat less frequent application of **OptiView™** can be effectively demonstrated in the following tooth gem case (**Image 6**): firstly, the composite residue was removed using a polishing disc (the KerrHawe **OptiDisc®**). After applying an etching gel and a fissure sealant (in this case, **Guardian Seal** by KerrHawe) the final result can be viewed in **Image 7**.



Image 6: After loss of gem

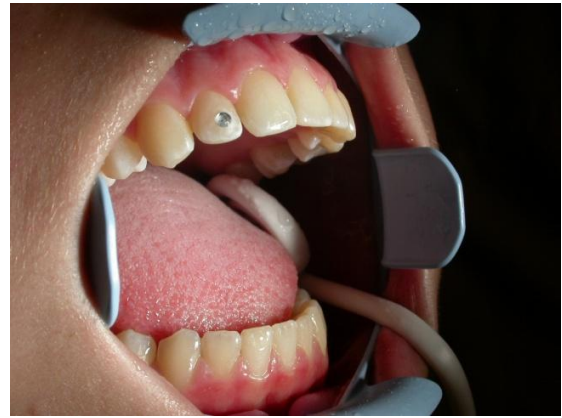


Image 7: Final result (with small OptiView™)

Conclusion

OptiView™ is a lip and cheek retractor for use in a multiplicity of applications which fulfils modern dentistry's most stringent demands. The two sizes (small = light blue, standard = white) facilitate easy and uncomplicated application with all types of patients.

For the user, **OptiView™** offers many advantages after a brief learning phase. Patients acceptance is generally good. This is enhanced when they insert OptiView™ themselves or are at least able to assist.