

Fractured roots? Interesting solution



6
Bernard
right
105333
BER6

7
Bernard
left
910821
BER7

11
Bernard
221589
BER11

■ Hu-Friedy syndesmotomes according to Dr. Bernard

These are ideally suitable for removing fractured roots or root residues in adult patients. They represent a combination between the luxation instrument and a root-tip elevator. The inner surface is concave and the side edges act as cutters. With premolars and molars, the angled versions, **BER6** and **BER7** are positioned buccal or lingual. Then, using turning movements and applying a little pressure, the ligaments are severed and the root residues loosened.

■ Also of interest for paediatric dentistry



The text and pictures were kindly provided by Priv.-Doz. Dr. Andrej M. Kielbasse, Dept. Clinic for Dentistry and Parodontology at the University of Freiburg.

He gave the following statement:

"Syndesmotomes (BER11 – see figure) has proved itself valuable in the removal of decayed milk teeth (nursing-bottle syndrome) not least because it is a better alternative to using dental forceps which frequently causes alarm in small or very anxious children."

Papillary elevator according to Dr. Axel Spahr, Senior Physician, Ulm University

This elevator has been specially designed to be used in periodontal surgery. Especially in the area of regenerative treatment, it is crucial that wound closure after intervention is as tight as possible for the therapy to be successful. In order to do this, it is necessary

to preserve as much of the soft tissue as possible since this will be needed to achieve tight wound closure. The interdental region containing the papillae is often problematic. Particularly in the premolar and molar regions with their narrow, long interdental

spaces, it is often very difficult to extract the papillae completely without losing the central part. The narrow, curved elevator shown here with all its edges sharpened at both working ends makes this task considerably easier.



Dr. Spahr
Papillae
elevator

PPSPAHR6



Fig. 1

After sulcus incision has been successfully carried out using a narrow scalpel, the elevator is inserted into the sulcus with its concave side towards the tooth (Fig. 1).

The curvature of the elevator provides the optimum fit on all tooth surfaces. With pressure, using the convex side, the marginal, gingival area is separated from the tooth and

the marginal alveolar bone as far as the tips of the papillae (Figs. 2a + b).

After separation, the papillae can now be removed completely from the interdental region using the concave side of the working end.

If, in certain areas, it is still necessary to cut through granulation tissue, fibre apparatus or the periosteum in order to remove the papillae, then this can be achieved by using the sharpened edges of the elevator without having to change instruments (Fig. 4).

The sharpness of the edges can be maintained or renewed at any time by re-sharpening. With the concave side of the working end facing the bone, the attached gingiva can be released from the bone in the form of a mucoperiosteal flap by inserting the instrument horizontally or diagonally (Figs. 5a + b). While doing this, the curved shape and the rounded corners prevent the flap from being penetrated.

The text and pictures were kindly provided by Dr. Axel Spahr, Senior Physician at the Clinic for Conservative Dentistry, Parodontology and Paediatric Dentistry at the University of Ulm.



Fig. 2a



Fig. 2b



Fig. 3



Fig. 4



Fig. 5a

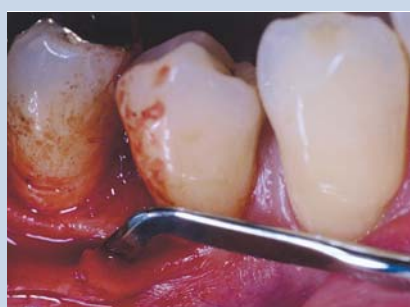


Fig. 7