

OptiDam - SoftClamp - Fixafloss

The complete solution for a restoration procedure

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Step-by-step procedure to prepare a patient with the “OptiDam™ – SoftClamp™ - Fixafloss®” solution (Kerr):

Common procedure (posterior and anterior)

- 1) Selection of an “anterior” or “posterior” rubber dam depending on the area of the mouth to be restored. The Anterior OptiDam™ is ideal for restorations stretching from canine to canine; the Posterior OptiDam™ is suited perfectly to restorations of sectors from the first pre-molar to the second molar.
- 2) Installation of the rubber dam with an autoclavable plastic frame (**Photo 1**)



Photo 1: OptiDam™: rubber dam & frame

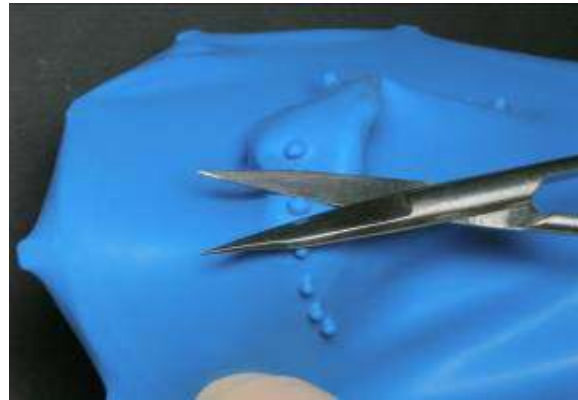


Photo 2: OptiDam™: cutting off the nipples

- 3) Using a pair of scissors, cut the nipples off the teeth to be restored (**Photo 2**). Usually, depending on the type of restoration, the dam isolates one or two mesial teeth and often a distal tooth in the area to be treated.

Posterior procedure

- 4) Apply the autoclavable plastic SoftClamp™ at the level of the most distal perforation of the rubber dam (**Photo 3**). The dam is stretched in place above the lateral wings of the clamp. Due to the design, it's adjusted to both the molar and premolar posterior sectors, due to the plastic construction it tends to be more flexible than the conventional metal clamps; it is usually not worth trying to clamp the tooth before making sure of sufficient retention.



Photo 3: SoftClamp™: placement in the dam

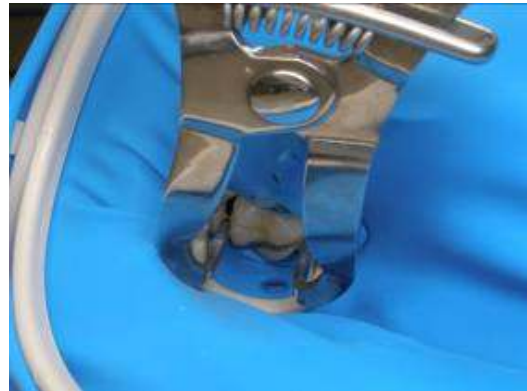


Photo 4: SoftClamp™: placement on the tooth

- 5) With the use of any generic forceps, the combination of SoftClamp™, OptiDam™ and frame is placed directly on the most distal tooth (**Photos 4, 5**). The 3-dimensional shape of OptiDam™, in addition to the anatomical design of the support frame, follows the contour of the patient's face, and allows the practitioner to position the complete rubber dam, without the aid of an assistant. Also the design of the frame facilitates increased patient comfort and allows for them to breath with no pressure around the nasal area.
- 6) At the clamp level, the dam is then positioned under the wings to make sure of complete water-tightness of the operating field (**Photo 6**). It is rarely necessary to complete supplementary ligatures using silk thread; the nipples are effectively spaced far enough apart, which aids retention of the dam.



Photo 5: SoftClamp™: dam under the wings



Photo 6: SoftClamp™: dam under the wings

- 6 b)** The inter-dental area is encapsulated and sealed, note the importance of the thickness of the rubber dam, which contributes to the effectiveness of this positioning.
- 7)** The remarkable flexibility of OptiDam™ allows the immediate setup of the operating field before the use of any rotary instruments. In effect, the practitioner, without any great effort and without limitation of his movements, could rest the head of the contra-angle on the rubber dam during preparations. It should also be noted that the flexibility of the OptiDam™ rubber is appreciated by patients, and also the neutral taste eliminates any adverse comments associated with some other brands of rubber dam.

Anterior procedure

- 8)** The dam-anatomical support set is put into place directly with the practitioner's fingers on the anterior teeth. If needed, the inter-dental points are bridged with the help of a classical silk thread.



Photo 7: Fixafloss[®]: placement in the mouth



Photo 8: Fixafloss[®]: cutting the thread

On the distal side of the most distal teeth, the Fixafloss[®] is then inserted using the standard technique for silk thread (**Photo 7**). Its polished surface facilitates its insertion; it is useful to insert the Fixafloss[®] at the level where the blue silicone jacket gradually becomes thicker. Then the operator proceeds to pull the Fixafloss[®] into the interdental space up to the point of feeling resistance, it must be noted that excessive pulling does not stabilize or anchor the dam any further, and may produce pain for the patient if the thickness that is used forces apart the adjacent teeth.

Finally, Fixafloss[®] is cut on both sides of the blue silicon section (**Photo 8**); the Fixafloss[®] is pulled out at the end of the treatment in the standard fashion, in the reverse direction of how it was inserted.

In conclusion:

The combination of OptiDam[™] - SoftClamp[™] – Fixafloss[®] facilitates, improves, and secures placement of the operating field in a number of quite varied clinical situations. The ergonomics of the system in particular allows the sole practitioner to easily prepare for operations, while the assistant can concentrate on the preparations for the restorative procedure, thus saving time and the benefits to Practitioner and assistant, of a stress free working environment.