Quicksleeper: making syringe items of historical interest

Andy Johnson, a General Dental Practitioner from Boston, Lincolnshire, describes his experiences with Quicksleeper—a new product making it possible to perform easy, painless and systematic osteocentral and transcortical anesthesia.

Inevitably, when practicing dentistry, something will occasionally happen that means existing habits have to be reconsidered. This may be due to having difficulty with a material that makes one choose a different product, or handling an outcome better to avoid a complaint. This is all part of our 'lifelong learning' and ultimately improves our skill-set.

The event that has had the biggest effect on my daily ritual was an attempt to provide effective block anaesthesia for a professional colleague and friend. There cannot be a single one of us who has not, at some point, experienced difficulty with anaesthesia. It is a depressing scenario, with loss of confidence by the patient and the practitioner alike. Time is lost, with no gain clinically, and some of us will take the experience home at night and ponder what we could have been done better.

In the incident described, there were three entirely unsuccessful attempts at block anaesthesia. As a result, my colleague developed a significant trismus and it made me review my anaesthetic technique and reassess how I might deal with him in the future.

I started off by investigating various local anaesthetic techniques on the internet and getting to grips with anatomy again. The truth is, after 20 years I was not bad at block anaesthesia and I was not really doing it wrong—it just did not necessarily work, especially when I most wanted it to.

The nervous innervation of the mouth is complicated with atypical innervation possible, which may result in unreliable anaesthetic technique. However, things were about to take an interesting turn. By chance, I opened a dental periodical and saw an advert for an innovatory new product—the Quicksleeper anaesthetic unit. The advert suggested instant and pain-free anaesthesia with 100% success. Preposterous. Or so it seemed. If that was possible, my troubles were over; I could practice pain-free and stress-less dentistry.

I set off for the 4-hour training course at The Eastman Dental Institute in London. There was a very plausible presentation explaining technique, plus a little theory and anatomy (long forgotten). The attractively-designed unit appealed to me as a gadget lover. All that remained was to find out if it worked, and so off to the clinics where we paired up to practice on each other. At this point the revolution began, because, to the best of my knowledge, infiltration anaesthesia of upper incisors has never been received by patients with a great deal of delight and comfort, but here I was receiving a therapeutic anaesthetic dose by a completely untrained hand just as the advert had said—painless.

After that, it was not a difficult decision and the unit was ordered.

How has it changed my practice?
I have not picked up a conventional syringe for 5 months now—that has been relegated to the draw for items of historical interest, along with a plethora of unwise product purchases that someone, at sometime, convinced me would improve my practice, and a copy of the last dental contract.

How does it work?
The Quicksleeper unit can be used to administer conventional infiltrations within the buccal or palatal mucosa which are without pain or discomfort; achieved using very slow delivery, thereby reducing the risk of tachycardia and eliminating the main cause of painful sensation during application.

The revolution, however, is the ability to perform painless osteocentral and transcortical anaesthesia—easily.

Here, local anaesthetic is delivered directly to the spongy bone around the apex of the tooth; bone does not have nervous innervation and therefore this is a painless process. The anaesthesia is instantaneous, with no waiting time, and profound—you can literally withdraw the needle and immediately start treating the tooth whatever the treatment may be.

What are the benefits?
Restorative or surgical treatments instantly. Does this sound too good to be true? Well, that is what I thought—but believe me it works. Furthermore, because the local anaesthetic solution spreads in the spongy bone, just 0.5 ml of local, delivered between the lower central
incisors, will allow you to deep scale from premolar to premolar; 0.5 ml between the upper incisors and you can prepare all six upper anterior teeth for crowns.

With the osteocentral technique, no supplementary palatal or buccal anaesthesia is required—even for simple extractions. An anatomical quirk of bone anatomy (the Haversian canals) means that the fixed mucosa becomes anaesthetized along with the tooth.

In complete contradiction to the instant and profound anaesthesia of the teeth and fixed mucosa, there is no soft-tissue anaesthesia—no ‘fat lips and tongues’, no risk of children consuming soft tissues in an attempt to prove that the anaesthetic has not worn off.

Finally, because the anaesthetic spreads in the bone, delivery can be made at a site remote from the tooth to be treated. This allows treatment of teeth that are infected, and it allows the user to select the most accessible point for delivery. A single delivery point in the maxilla can anaesthetize up to eight teeth.

It is simple, predictable, and the fact that it works for me without failure suggests that no great degree of skill is needed and the procedure is not too sensitive to poor technique. After just 2 weeks, I felt confident in all forms of application.

Results
I now have a 100% success rate with my anaesthesia. A good number of patients ask ‘how did you do that without a needle?’ That has to be a practice builder.

The benefits are obvious. No more excuses for patients not to accept treatment because they are going out for lunch. With no soft-tissue numbness, lunch is easy. Besides, the effects of the anaesthesia will disappear in about 40 minutes (just increase the volume delivered for longer anaesthesia) and there is no uncomfortable after-effect.

Patients leave feeling that they have had a cutting-edge experience, and they have. That, in turn, promotes your practice. It also means that the next generation of patients—children now at the practice—will experience pain-free dentistry as a norm and grow up without the phobic tendencies that afflict some of our older patients.

Since purchasing my Quicksleeper, I can relax in the knowledge that I can anaesthetize my colleague without fear of failure.

Is it worth it?
I tend to determine whether money has been well spent in the practice by the response from patients. Over 20 years the best has been the air conditioning—generally bringing comment on hot summer days. The Quicksleeper, however, has now become the focal point. Everyone comments on it. Everyone loves it. If a choice had to be made, I would sell the air conditioning and buy a Quicksleeper.