

Reports from the field

Jeremy Horst DDS, PhD Director of Clinical Innovation, DentaQuest

Since starting to use Gerry hand drills five months ago, they have completely taken over as my go-to instruments for caries excavation in very young, phobic, and hypersensitive patients. In a high speed high productivity private pediatric dental practice it is hard to insert change, but hand drills have aided my efficiency for all of my hardest patients and more importantly dramatically improve the patient experience. No needles, no drills; hand drills are part of the future of caries management.

John Echternach, DDS Vermont

I remember my first phone conversation with Gerry and he mentioned making these hand grills using the bottom of a bic pen, J-B Weld cement and a dental bur. He explained how he used them and I was astonished. The use of the "Gerry" drills led, over time, to a fabrication "model" of using an X-Acto knife handle to hold the bur. I started using them at a clinic where I supervise dental students and do some clinical dentistry. It soon became clear how valuable they are. The learning curve is very short. The reciprocating rotation comes naturally to its use. They are the perfect caries remover for doing SMART restorations. They are gentle enough that you do not need any anesthesia when excavating for a SMART restoration. I urge everyone to give them a try.

Lina Jasulaityte, DDS Netherlands

Thank you Gerry for this child friendly technique and for sending me the drill holders. I started using hand drills a few weeks ago. I used it for a child with autism and for a handicapped child, but mainly for the very young ones. Without the hand drills the treatment would not have been possible. I

only used hand drills very gently with two or three fingers . . . I wonder, are there any plans to certify the hand drills and to start production?"

Cheers, Lina

Meenakshi S. Kher, M.D.S India

Dear Gerry, I am delighted to share with you today, my first case using 'Your' hand drills :)) My first patient was a 26 year old male in the autism spectrum. I practice pediatric dentistry exclusively with the exception being, adults with special needs. Had it not been for the hand drills, I cannot imagine how I could have accessed the lesions. Thank you very much for such a simple yet miraculous invention! It's beauty lies in its simplicity!

Warm regards, Meenakshi Kher

John Frachella, DDS Maine

My colleague and friend Gerry Beauchemin, a Dental Therapist, told me about his hand drills for use in ART some years ago. I thought that I didn't need these because I have access to rotary drills. So, I ignored Gerry's suggestion to try them. Some years later, my colleague Dr. Thierry Boulanger from Brussels heard about Gerry's hand drills and made some in his workshop to try them on patients. Afterwards, he contacted me saying that he found them particularly useful in the SMART protocol. I decided to make some and try them for myself. I have not used a rotary drill on a handpiece since. Plus, since I mostly treat phobic children, the hand drills dispel apprehension and frank horror of handpiece sounds and appearances.

The hand drilling procedure is pain-free – a real advantage for treating kids the way I do without local anesthesia, sedation or general anesthesia. I'm not throwing away my handpieces but I am using hand drills almost exclusively for routine SMART restorations as well as for achieving open access and biofilm removal from lesions for better outcomes with SDF

application. For ART, SMART and SDF-only, hand drills are faster and more effective for me and less intimidating to my patients.

Dr. Thierry Boulanger, DDS Belgium

In a discussion group about child-friendly dentistry, I read something that I found amazing. Gerry Beauchemin proposed to glue drills to mirror handles to make hand-drills able to access cavities without the noise and vibrations of the handpiece. So I secured a mirror handle in a vice, put some glue and stuck a carbide bur in. I made some with different diameters. Children accept them easily and I feel more comfortable than with other hand opening instruments. Access can be made on the occlusal as well as on the proximal. Carious tissue can then be excavated either with these drills or an excavator. Ideal for SMART restorations.

Janet Danner, CDA Virginia

Gerry Beauchemin taught me the method of using burs in mirror handles to hand drill decayed teeth in order to place a glass ionomer restoration. The burs are easily replaced when they get dull. I am able to cut through hard enamel to enable me to get to the decay. No heat is generated, therefore there is no discomfort for the patient unless I am getting close to the nerve. By watching the patient's facial expressions and body language I am able to back away from a sensitive area before any real discomfort occurs. This allows me to earn trust with my patient and create a good relationship when I don't even speak their language.

I am not a licensed dentist, I am a certified dental assistant. I was able to learn using this method very quickly, a matter of hours. I have assisted dentists using high speed handpieces that generate heat, requiring the tooth to be constantly sprayed with water to cool it. This spreads debris all over the patient's mouth and possibly down their throat, requiring an

assistant to be constantly suctioning and a very uncomfortable patient. A lot of noise, water spray, and two people in their mouth with instruments.

With Gerry's bur drilling technique there is no noise, debris is contained and easily cleaned away with cotton and only two hands in their mouth, not four. A much better experience for the patient. Of course doing the procedure by hand versus machine takes a little longer. However, having a happy patient with a good result is worth the extra time.

Dee J. Danner, DDS Virginia

My wife and I went to Texas so that I could meet Gerry and review the process. I became convinced that his techniques were easily learned and performed. The highest priority was given to quality treatment, patient comfort and sterility. We became active associates of Gerry and his efforts to train others. Doing missions in over 10 countries (some several times). Gerry has continued to refine his course by always being inventive and innovative. Much of Gerry's teaching involved use of "hand drills" which are made by the students. Thus inexpensive and easily replaced.

The technique uses small round burs and slow, but firm pressure to open up the cavity and remove decay painlessly. Decay can be carefully removed circumferentially until all or most all decay is removed. It is a slower process than using a dental handpiece; but if you factor in that no anesthetic is needed, and there's no pain to the patient, it is worth it. An important additional "plus" is being able to carry everything in a backpack.

All this to say that it is possible to do dentistry in remote places or even in an office setting using a gentle simple "hand drilling" technique. This avoids anesthesia and the scary/noisy dental handpiece and the equipment to power it. Believe me it works!

Jason Padvorac, BS Washington

We learned a new technique that Gerry had developed. There were no harsh movements and no extreme force. With a #2 bur we could make precise, gentle excavations, and if the caries were deep a quick succession through #4, #6, and #8 would see us quickly and easily through. By the second day of lab practice we could work through the entire succession in a minute.

Our first and most tentative work was slow, but as our skill and confidence grew we could apply a little more pressure and work much more efficiently. Literally days after the class ended I was seeing my own patients in a makeshift dental clinic on the other side of the world. There was no decay that I couldn't reach with them.

Gerry had taught us to watch our patients' eyes as a key indicator of their comfort. In the first couple days I was working, I had an 8 year old patient who kept closing his eyes, and I thought he was miserable. I felt bad and did my best to be gentle and kind, and of course I chose to use the drills exclusively for him. Eventually his eyes closed and his mouth went completely limp... and I realized his eyes were closing because he was falling asleep! I blocked his mouth open to complete the filling, then woke him up to go play. I was stunned—less than two weeks previously I had absolutely no dental training at all, and here I was excavating teeth and placing fillings. Moreover, my patients not only had no need for anesthetic but could literally be lulled to sleep by the work! To this day it feels like pure magic.