

## ESSENTIALS

- \* **STERILIZE ONLY with distilled water** to prevent staining.
- \* **SOMETIMES** when you try to tighten a bur in the hand-bur handle, **the handle turns but it doesn't tighten the bur (see back).**
- \* View [Gentle Hand-Bur Basics](#) video
- \* Operate safely and painlessly following IFU: **deep decay is not removed** (instead, treat with SDF)
- \* Follow enamel-perforation precautions (below)
- \* **Before clinical use, practice on a plastic pen or spatula (with opposite hand bur-shielding) for enamel perforation**
- \* **Check bur security** at insertion; **before** use; **during** use at + / - 15 min. Intervals

**ENAMEL PERFORATION** enlarges a lesion to access infected dentin; opens it for self-cleansing or for glass-ionomer. Start with the smallest bur which cannot fit into a cavity, then progress to the next size and the next as needed. Use round-burs sizes 2-4-6-8. Only two or three sizes are normally used: 2-4-6; 4-6-8; the most common are 4 and 6.

## ENAMEL PERFORATION STEPS

**Lubricate** handle end, **Insert** it into hand-guard. **Place** bur over the cavity.

**Firmly** grip handle so hand-guard is secure.

**Align** handle as perpendicular to the surface as possible. This prevents slipping.

**Shield** burs with fingers (from sliding off tooth) **while Twisting** handle back & forth till the bur tip is securely anchored.

**Test** status of bur-tip anchor with light circular pressures.

**Once anchored:** securely, release the bur-shielding hand in order to apply light counter-pressure.

**Resume** twisting (gradually) adding pressure with equal counter-pressure, til lesion is opened sufficiently for GIC insertion.

**Increase** bur sizes only as needed as current SMART protocol calls for the absolute minimum enamel removal for a good GIC seal.

## PRECAUTIONS FOR ENAMEL PERFORATION AND PATIENT COMFORT

- \* **HP burs are highly recommended for enamel perforation.** See HP benefits at [dcfai.org/ifu](http://dcfai.org/ifu)
- \* **Grip handle firmly without hovering hand-guard precariously over the mouth.** Hand-guards facilitate thicker enamel penetration.
- \* **Maintain perpendicular alignment—Shielding burs til solidly anchored—TEST.** These steps prevent slipping & injury.
- \* **DO NOT PINCH THE LIPS—be extremely vigilant as it is so easy to do! Also, prevent lip friction** with a 2x2 gauze or vaseline.
- \* **To apply counter-pressure** on upper teeth: gently push down on the head; for lower teeth: support the mandible.
- \* **Twist bur handle with a steady hand**—the hand-guard facilitates this. **No wrist rocking** as it may disquiet our patients.

**EXCAVATION** removes only soft, infected dentin that is not in proximity to the pulp. Avoid using dull burs. If you use short-stem LA burs, do so only for easy-to-access areas—otherwise use long stem HP burs—they are perfect for all applications once you get used to them.

**Let the patient be your guide!** At the first sign of discomfort, STOP excavation! Apply SDF or SMART. See [dcfai.org/mmc](http://dcfai.org/mmc)

**Grip** handles comfortably. With your opposite hand, retract the cheeks or lips; add finger or hand rests, etc.

**Scrape** caries **Back & Forth in 1/4 Turn Twists.** **Stabilize** your arm against your side (if need be) for maximum control.

**THIRD MOLARS:** HP Burs enable access to difficult areas—especially useful when posterior visibility is compromised.

**Open** mouth half-way. **Place** bur tip over lesion. **Rely** only on your tactile senses as visibility is compromised.

**Stabilize** your operating hand with a finger or hand rest or resting your hand lightly on your patient's face.

**Follow** enamel perforation steps above. **Do not pinch the lips!** Clean cavo-surface margin with same HP burs used for Enamel Perforation. If cavity is larger than a #8, then lightly scrape DEJ circumferentially 360° (by wrist action alone) to attain a good GIC seal. Do not excavate deeper than DEJ. Apply SDF (or Silver Nitrate), then add GIC (=SMART).

## HAND-BUR OPERATION TIPS

1. Do not cross arches except for lingual or palatal lesions.
2. For best visibility and access: rotate your patient's head as needed; sit lower or higher, make use of standing—it is only for a few moments.

## MAINTENANCE

- \* **STERILIZE hand-burs ONLY with distilled water.** Prevents staining. To remove water stains from aluminum: [Try This](#)
- \* **SOMETIMES**, when you try to tighten a bur in the hand-bur handle, **the handle turns but it doesn't tighten the bur.**  
Solution: **1** Clamp collar tightly. **2.** Twist handle clockwise while pulling handle backward til collet is tightly against the collar. (See image)
- \* Rub handles with a soft cloth to restore shine or super fine #0000 steel wool.
- \* Do not remove burs from multi-handle operation handles in order to sterilize. It is not necessary.
- \* Annually: disassemble handle components to inspect for corrosion. If noted: assure dryness, coat surface with a light film of petroleum jelly, reassemble. Keep jelly away from collet (bur-gripping) prongs (which have a threaded mail end).

[Bur]   [bur-gripping Collet]   [Collar or compression collar]   [Handle]



- \* Dale Ott, of Trusted Design Services—designer of our All-In-One model collar, states that all his industrial drilling machines operate on the same micro-chuck gripping technology as seen above. He marvels at their superb gripping force for such extremely light, economical devices.

## **INSTRUCTIONS**

### **FOR USE**

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