Many orthodontic offices have chosen to implement the use of TADs (temporary anchorage devices) into their practice to decrease treatment time and increase efficiency in their mechanics. Use of these devices can lead to improved results, reduction in treatment time, and most importantly, reduction in the number of extractions and lengthy surgical cases. Less reliance on patients for compliance is a definite advantage that often results in shorter treatment times. Lasers are also being widely used for uncovering teeth that are not fully erupted in preparation for bonding as well as gum contouring. Whether the doctor chooses to place the TAD themselves in office or refer out is strictly a personal decision based upon their comfort level and training received.

The clinical implementation of the TADs and laser procedure can be a bit overwhelming for the clinical team. Often they are not trained on the technology and this may make them uncomfortable with the procedure. Fully educating the clinician will allow them to feel comfortable and be able to communicate information to the patient and/or parent regarding the procedure.

TAD placements and laser procedures are considered surgical procedures and require specific sterilization guidelines to be followed. All instruments, cotton, and gauze that are to be used in the procedure need to be packaged prior to sterilization. As this is a surgical procedure they need to be double wrapped as well. The instrument package will be opened chairside by the clinician indicating to the patient and parent that your practice is providing sterile instruments and the highest level of infection control. The doctor and clinician need to wear sterile gloves during the procedures. Standard exam gloves are not sterile and should not be used at any time during the procedure. Mask, protective eyewear, and clinic gown (i.e., disposable isolation gown) should also be worn by the doctor and clinician. Protective eyewear should be provided to the patient, and for laser procedures these glasses should be the orange colored glasses.

In order to ensure the package of instruments is sterile, a biological monitoring test strip (spore test) should be run on the sterilizer used for the procedural setup. This can be accomplished by placing a test strip inside a cassette that has been double wrapped and dated. The surgical procedure cassette will also be double wrapped and dated. Once the sterilization cycle is complete the “dummy” cassette will be opened and the biological monitoring test strip will be sent in for assurance that the cycle was effective in sterilizing the load. Until this test strip is returned to the office with a passing result, the surgical cassette cannot be used.

Compliance with CDC guidelines and patient assurance of providing sterile instruments during these procedures are necessary portions of the implementation of TADs or lasers into a practice. Please call me for a smooth and seamless integration of these procedures into your busy practice.

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by Andrea Cook

Oral surgical procedures involve the incision, excision, or reflection of tissue that exposes the areas of the oral cavity that normally are not exposed.

**CDC Guidelines: From Policy to Practice by OSAP, 2004**
Andrea Cook’s hands on training motivates and energizes orthodontic clinical teams for premier orthodontic offices across the country. She bases training systems on practical knowledge gained through 20 years chairsid experience working in single, double, and multi doctor practices. This experience allows her to understand and address the concerns of the clinical team. Since effectively training clinical team members is critical to the advancement of clinical productivity and profitability Andrea works with teams to increase efficiency, improve communication, and guide the office to a new level of excellence.

At the 2009 Users Group Meeting she will offer the course “Instrument Reprocessing in the Orthodontic Office.”