

Advantages Using Lasers

- ◆ Precise incision
- ◆ Decreased bleeding
- ◆ Promotes coagulation
- ◆ Minimal pain
- ◆ Reduced use of local anesthesia
- ◆ Selective bacterial removal
- ◆ Minimal trauma/sutures not required
- ◆ Decreased surgical and healing time
- ◆ Minimal swelling and scarring
- ◆ Decreased/no herpetic recurrence

*Some disadvantages may include and are not limited to:

- Cost
- Thermal damage to underlying tissue

Contraindications

- ◆ Acute diseases
- ◆ Mental illness
- ◆ Allergy to light



References

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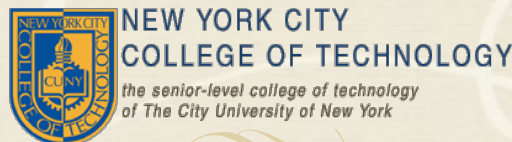
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Lasers & Soft Tissue Management

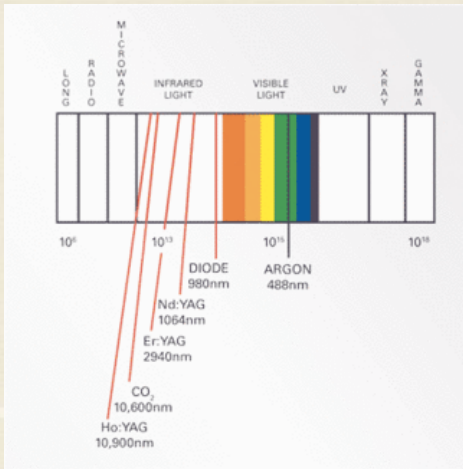
THE MODERN APPROACH:
Soft tissue therapy and treatment with
dental lasers.



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What Is a Laser?



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-The word laser is an acronym that stands for:

Laser
Amplification
Stimulated
Emission of
Radiation

-Lasers are man-made and are capable of emitting a single color of light. Some examples of soft tissue lasers include the Diode, Nd:YAG and CO₂.

-Lasers were first postulated by the great Albert Einstein in 1916. However, the first laser actually used in dentistry was in 1964. In addition, the first time the lasers were used for soft tissues was only 29 years ago in 1985.

Uses of Laser

-Periodontists use lasers for periodontal therapy, gingival curettage and soft tissue crown lengthening.



Frenectomy

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-Oral surgeons use lasers for biopsy, oral lesion removal (fibromas, papillomas). In addition to operculectomies, gingivectomies and frenectomies.

The Role of the Dental Care Provider

-Dental hygienists can use lasers for intrasulcular debridement, scaling and root planning. Lasers have become very useful for bacterial decontamination. Additionally, lasers have proven to be an excellent resource for aphthous ulcer & herpetic lesion treatments.

-At the moment, under the ADHA scope of practice, only 5 states have a written policy for the use of lasers. However, there are 17 states without a written policy (including New York), where this practice is still acceptable.



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