

# AQUACUT

## Quattro

**Patient Treatment** with Fluid Abrasion



### FREQUENTLY ASKED QUESTIONS

#### ***Clinical Applications***

- Class I – Class VI cavity preparation, including preparation of fissures before sealing
- Crown preparation before cementation
- Resin preparation
- Composite/porcelain repair and restoration
- Orthodontic brace positioning
- Cleaning and polishing, removing tea/tobacco staining
- Removing vegetal plugs or other matter prior to diagnosis of hidden caries

#### ***Aquacut without drill or needle***

Removal of glass ionomer and composite restorations, conservative preparations, removing fractured porcelain and cleaning of tooth surfaces before fissure sealing can all be done without the drill; nine out of ten of these procedures can be performed without the use of anaesthetic.

#### ***How does Aquacut compare for speed?***

Speed and powder volume can be varied within very wide limits, giving the Clinician complete control and high versatility of operation: for instance, dentine and enamel can be cut faster than with a high speed turbine – without the need for anaesthetic, in most cases there will be a considerable saving of time.

#### ***How safe is Aluminium Oxide?***

Aluminium Oxide is not toxic and will not cause respiratory problems. Aquacut works with 53 micron powder and 29 micron, and this places them well clear of the allowable (legal) safe level in the event of any accidental inhalation.

#### ***Is soft tissue affected?***

Soft tissue is not likely to be damaged since the energy of the abrasion process is absorbed by any soft tissue coming into contact.

#### ***Sensitivity of teeth under treatment***

Sensitivity in the dentine is usually swiftly controlled by a slight reduction in air pressure. Cutting with short abrasive bursts will help to avoid any patient reaction. Cutting near the pulp exposure this is especially important – with low air pressure the experienced Clinician can prepare cavities without patient sensitivity.

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### ***Controlling the depth when cutting***

The tip should be in motion and with short bursts of the abrasive stream.  
If the tip is held stationary with active abrasion the depth of cut rapidly becomes excessive.

### ***If soft decay is encountered***

Soft decay is best removed with a spoon excavator (or a slow bur with low speed handpiece). For some patients anaesthesia may be necessary, but most will tolerate the mild discomfort once the procedure has been explained to them.

### ***Using Aquacut for diagnosis of caries***

In "cleaning/polishing" mode using Sodium Bicarbonate, foreign matter e.g. a vegetal plug may be concealing a carious lesion within a fissure or pit. At the twist of a control the Clinician can change to the chosen cutting medium – WITHOUT REMOVING THE HANDPIECE FROM THE ORAL CAVITY – and proceed with treating the lesion. This diagnostic use of Aquacut has proved to be a great attribute for the dental practitioner, especially for its assistance in conservative dentistry.

### ***Versatility of control***

The experienced Clinician has a vast range of settings in his control, with air pressure and powder volume variable to suit all his abrasion procedures and the unique foot control for instant change-over between cutting, cleaning, washing and drying. The range of handpiece nozzle sizes is yet another variable. Conservative, time-saving, patient-friendly.

