



The Wand

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During the daily routine of providing dental health care to our pediatric patients, there is one aspect that has changed little over the years. The administration of local anesthesia is a topic that is constantly discussed, and any little nuance which aids the patient's comfort level and eases the dentist's stress level receives noticeable attention.

Recently, a new format for giving anesthesia has been introduced. The Wand is a computerized mechanism which claims to improve the anesthesia technique due to both the administration and the decrease in anxiety.

We have been utilizing this new equipment for approximately ten months and are pleased to present our clinical impressions, which at this point are quite favorable. First, and perhaps most important in a pediatric setting, is the almost universal reaction by the patients to the appearance of the equipment itself and the decreased level of initial anxiety. Since The Wand is so unique in appearance, the patients do not relate it to their previous experiences or preconceived ideas. We use a 30 gauge 3/4" needle for all techniques and find it very adequate. The needle itself, however, becomes very secondary to the patient when they see the housing and attached hose. It has been our experience that an overwhelming percentage of patients who verbally express fear of the "shot", seem greatly reassured that we will use The Wand instead. Patients who have been referred to our office because of management difficulties have returned for repeat restorative visits and specifically requested that we use The Wand instead of the "shot".

This aspect of improving patient relations alone has greatly improved our ability to handle difficult patients. However, the added ability of improvement in the anesthesia technique itself has also proved itself beneficial. We employ all the same injection sites and techniques that we previously used with a syringe, but have been able to add techniques that have been helpful.

Inferior alveolar blocks are given as with the syringe, but by rotating the needle as it proceeds into tissue the patient

appears to be more comfortable. The pen grip that is used with this delivery system allows this rotational entry to be used while still maintaining good control.

Another procedure that we have slightly altered from the conventional approach is with extractions of single rooted primary teeth. In these cases we use a variation of the intraligament technique by allowing a slow drip of anesthesia under the free gingival margin and then slowly advancing the needle. Since the needle may be angled, it is possible to use a comfortable approach position.

In what might be considered a negative factor, the use of this equipment does take more time to deliver the anesthesia. However, as we all know, slow delivery of the anesthetic fluid can be the key to successful, pain free injections.

Pediatric dentistry has seen many recent changes in both materials and equipment that have changed our everyday practice. The Wand appears to be another tool that we can employ in order to help our patients better accept dental treatment.