

Oraqix

- Topical anesthetic for pocket administration



Patented thermosetting
properties keeps OraQix® in
place during treatment

Oraqix

- 30 second application will last 17 to 20 minutes
- 78 - 90% of patients report mild to no pain for scaling and root planing
- May need “bail out” anesthesia

Oraqix

- **Most patients preferred it to anesthetic injections**
 - **Less post operative problems**
 - **Slightly more soreness during the procedure**
 - **Enough to pay for it**

AMSA

**Anterior Middle Superior Alveolar Block
Choice of hygienists**

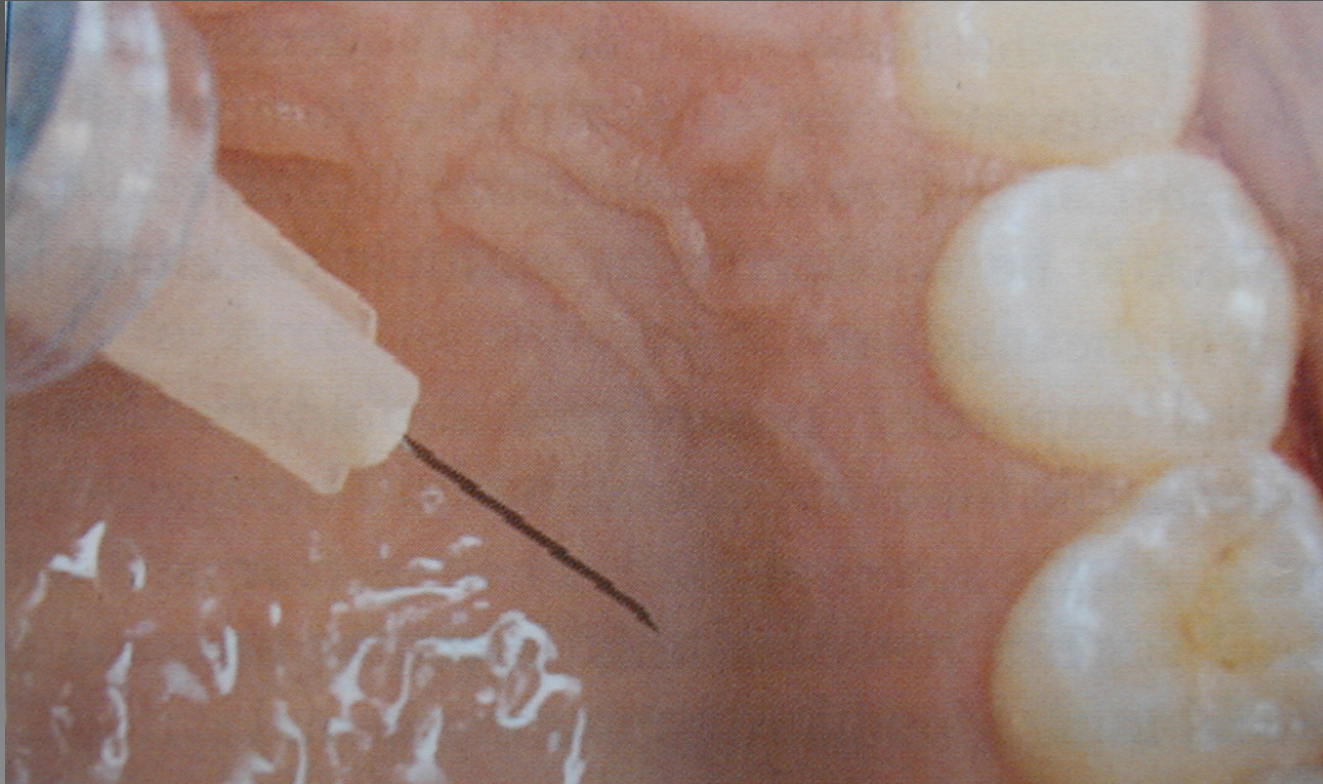
Technique

- 27-30 gauge short needle
- Penetration to palatal bone

Technique

- **Slow insertion, contact bone, aspirate**
- **Use about 1 cartridge and inject slowly**

Injection site for AMSA



Hard palate, halfway from midpalatal suture to free gingival margin, between the first and second premolars.

Technique

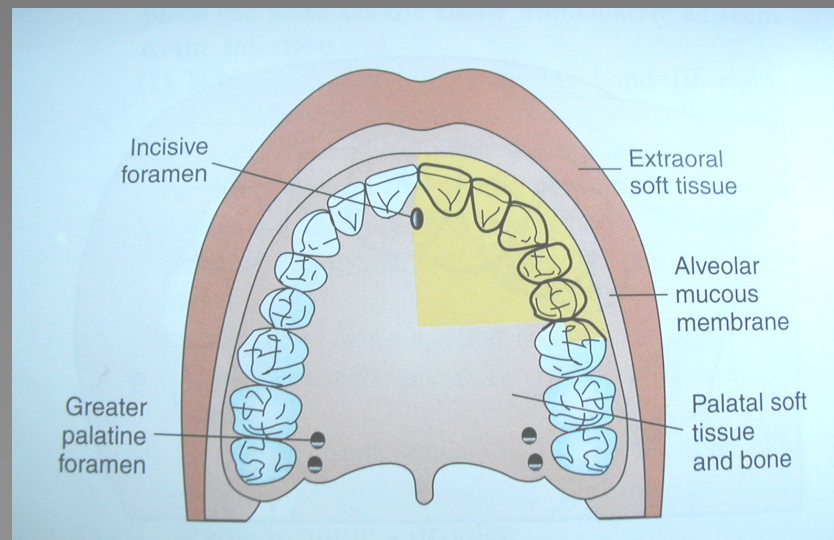
- If using 4% local anesthetic (prilocaine, articaine), reduce to about half a cartridge
- Do not use 1:50,000 epinephrine anesthetic

AMSA

- **Pulpal anesthesia of maxillary teeth and palatal soft tissue anesthesia**
- **Does not affect the lips, face and muscles of expression.**
- **Multiple tooth anesthesia from a single injection**
- **Reduced dosage of anesthetic vs. traditional approach**
- **Very comfortable palatal injection**

Range of Anesthesia

- Range of Anesthesia from one injection:
 - Buccal roots of the first molar to the central incisor
 - The entire palatal gingival to the midpalate
 - The buccal gingiva from the buccal roots of the first molar to the midline.
- In conjunction with the PSA, the two injections can completely anesthetize the maxillary arch



MODE of ACTION

- Administered in the mid portion of the anterior palate
- Deposited in close proximity to the palatal bone