

Excellent post Tim. I wish you would post this at Silver Diamine Fluoride 38%  
Dentaltown Message Board > Restorative  
Dentistry > <http://www.dentaltown.com/MessageBoard/thread.aspx?a=11&s=2&f=216&t=274141&g=1&st=Silver%20Diamine%20Fluoride>

Namaste,  
Howard Farran, DDS, MBA  
[Howard@Dentaltown.com](mailto:Howard@Dentaltown.com)



**From:** J Tim Rainey, DDS [<mailto:jtimrainey@tiads.com>]  
**Sent:** Wednesday, July 13, 2016 4:45 AM  
**To:** [jderpdds@comcast.net](mailto:jderpdds@comcast.net)  
**Cc:** [drstones@STONESFAMILYDENTAL.COM](mailto:drstones@STONESFAMILYDENTAL.COM); [CROWNS@LISTS.CROWNCOUNCIL.COM](mailto:CROWNS@LISTS.CROWNCOUNCIL.COM)  
**Subject:** RE: [CROWNS] FW: Silver Diamine Fluoride is in the New York Times!

Your timing is excellent, Jim. The need to document the key to successful Silver Diamine Fluoride technique is what woke me up at 4 am via "Dream Tasking". I have been rolling how to approach this news over in my mind for the last few days, and yesterday we saw yet another successful pede pulpectomy, cementing the success of the procedure. I got up specifically to document in writing my recent findings regarding Ag Diamine (F-). As you know, our pulpectomies are done with no anesthetic, fast and sloppy, just like all other pede dentistry.

We have had an entirely different goal than the rest of the profession, and have extensively taught our extremely successful and atraumtatic methods worldwide, so feel free to spread yet another gem in our armamentarium with any dental forum.

I will give the pediatric dentistry profession an A+ in achieving their goal, and that is to maximize their incomes. Our goal has been to help kids get through their primary dental teeth years with those teeth mostly intact at the time they are shed, which has translated to three generations of patients growing up in this practice without the trauma of shots, needles, high speed drills, local anesthetic, etc. This has translated into having a young adult population without the 10% dental

phobia that is intentionally inflicted on the dental population by traditional pediatric dentistry. It would also be interesting to note how many millions of dollars in income I've robbed this practice of just because I had the patient's best interests in mind and not my own financial gain.

There are some interesting things that the NYT article missed, and that is the fact that when you are fast and sloppy, failing to remove all vestiges of necrotic dentin, there will be some black staining of the dentin just like the old Silver Nitrate technique we used when I started practice. We saw two of those yesterday on recall with black staining, and no recurrent decay. Let me explain the technique in detail first, along with my musings regarding the residual staining.

In order to achieve long range success in pediatric dentistry, we adopted the A. R. T. (Atraumatic Restorative Technique) technique as soon as we acquired Miracle Mix Glass Ionomer Cement in 1983, replacing amalgam as our material of choice. (Our first venture into GIC was circa 1971!) It took Joe Simmons to figure out that adding Silver powder to the GIC mix imparted wear and strength characteristics, which he published in 1983 as "Miracle Mix".) As was documented in the ART articles that followed starting circa 1990, having the "Barefoot Dentistry" population just scoop out major decay and replace lost tooth structure with hand mixed GIC stopped further break down by decay (caries). (Yes, we started using the technique before it had a name.) Miracle Mix then and now is still the very best material to use in primary dentition, with the drawback of being just as ugly as amalgam. When we added O3 to our routine armamentarium in 2007, we eliminated the occasional post operative non-vital episodes associated with incomplete caries removal when working on asymptomatic primary teeth.

The problem of GIC not having sufficient strength to survive until shedding in posterior Class II's, particularly in post eight year old males, remained an issue with interproximal Class II's, so we added bonded composite over our GIC base, which we named, appropriately, "Slams".

Eventually these were done with two step primers, just like in permanent dentition, but sometimes without the luxury of the finesse of using Air-Abrasion, which further compromised the longevity of the restoration. When we added Ag Diamine F(-), this seems to be the icing on the cake, with the caveat that something having to do with leaving some residual decay, acid etching, the placing the Ag Diamine F(-) will sometimes leave the "black line" that was typical of Ag Nitrate. I think it has to do with the chemistry of "freezing" the decay.

In summary, here's the steps that I will share in detail regarding our extremely successful "Slams" during the training of our TIADS certified Instructors and Instructor/Trainers.

1. Liberal use of a strong topical anesthetic (i.e. Tricaine).
  - a. If there is food impaction, remove it using Tricaine permeated Super Floss
  - b. Place a pellet of Tricaine in the open lesion or at least apply to the gingival papilla.
  - c. Rinse thoroughly with warm water. You cannot routinely successfully treat teeth, permanent or primary, without anesthetic without warm water delivered to the tooth!!!!
  - d. First application of O3
2. Gross debridement of caries with either a caries spoon or a slow speed round or both
3. Most importantly, form an Alleman Moat with meticulous care to leave the pulpal area unpenetrated. Leaving soft caries is preferable over full debridement. Full debridement, complete removal of affected dentin, is what ensures necrotic pulps, the bread-and-butter of pediatric dental practices, and also requires local anesthetic at the expense of potential permanent dental phobias. Permanent dental phobias are the hallmark of pediatric dentistry overtreatment.
4. Air-abrade the prep. Don't worry about the dusting of Al2O3 over residual caries.
5. O3 followed by application of
6. Neomycin Dexamethasone followed by application of
7. Ag Diamine F(-)
8. Etch the prep if maintaining adequate control of the restorative area
9. "Slam" in the GIC as usual
10. Use a two Step Primer, swiping the marginal GIC out of the way
11. "Slam" in a posterior composite or do an appropriate "C Factor" composite if still maintaining operative site control. While "black lines" and black discoloration is the exception and not the rule, the "Slams" are more likely to develop marginal black lines.

That should clear everything up. If not, contact me for further clarity. The only thing that has recently changed in "Slams" is the addition of Ag Diamine F(-). The Ag Diamine F(-) also is icing on the cake when doing "Tunnel Preps".

If there is a need for treatment of a necrotic pulp, the routine use of local anesthetic is simply unnecessary and just another portal for permanent dental phobias. Ag Diamine F(-) plays a crucial role in successful treatment of non-vital primary teeth, and is probably just another tool in the successful long term endodontic treatment of permanent dentition.

I've shared everything regarding the evolution of the prevention of unnecessary non-vital primary teeth in open forums. To learn about the pulpectomy procedures utilizing Ag Diamine F(-) you will have to come to the lectures. There are several steps leading to successful, atraumatic pediatric pulpectomies, a bit too complicated to share in an open forum.

Welcome to the Revolution,

jtr

**From:** [jderpdds@comcast.net](mailto:jderpdds@comcast.net) [<mailto:jderpdds@comcast.net>]  
**Sent:** Tuesday, July 12, 2016 9:53 PM  
**To:** Rainey, J  
**Subject:** Fwd: [CROWNS] FW: Silver Diamine Fluoride is in the New York Times!

Hello Tim,

Do you have an opinion on AA for access, ozone follow with Silver Diamine Fluoride fill with fugi IX and composite ? May be redundant but would certainly remove all active decay and prevent recurrence in pedo posterior teeth. Negative effect of color for anterior teeth  
JIM

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**From:** "Jim Erpenbach" <[jderpdds@aol.com](mailto:jderpdds@aol.com)>  
**To:** [jderpdds@comcast.net](mailto:jderpdds@comcast.net)  
**Sent:** Tuesday, July 12, 2016 9:29:09 PM  
**Subject:** Fwd: [CROWNS] FW: Silver Diamine Fluoride is in the New York Times!

-----Original Message-----

From: Marcus Stones <[drstones@STONESFAMILYDENTAL.COM](mailto:drstones@STONESFAMILYDENTAL.COM)>

To: CROWNS <[CROWNS@LISTS.CROWNCOUNCIL.COM](mailto:CROWNS@LISTS.CROWNCOUNCIL.COM)>

Sent: Tue, Jul 12, 2016 8:51 pm

Subject: [CROWNS] FW: Silver Diamine Fluoride is in the New York Times!

Anyone using the Silver Diamine Fluoride? How have the results been?

**Marcus Stones DMD**

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