

## Assisting at the chairside

### Aspirating

The continual use of the aspirator in the patient's mouth is important for four main reasons :

#### 1. Cross Infection Control

During the use of high speed handpieces, ultrasonic scalers and prophylaxis (polishing teeth), a fine aerosol spray is created. Without aspiration this would extend well into the faces of the dental assistant and dentist giving a high risk of cross infection. The largest possible aspirator should be used with its opening directly opposite the source of the spray and as close as possible without interfering with the handpiece, or obscuring the dentist's vision of the working area.

#### 2. Patient Comfort

Patients can swallow with their mouths' open, but some people find it difficult, especially when lying on their back. Saliva is produced continually and its production increases when there is a stimulus of something in the mouth. If the patient has to swallow this means some movement of the tongue and lower jaw; many patients will want to close their mouths' to swallow. This obviously interferes with the dentist's work.

Nobody likes lying on their back with a pool of water gathering at the back of the throat. Some patients can lie still for some time then gag-splurt out the water, start coughing and sit up. This can be very dangerous for the patient if the dentist is working in the mouth and it is unpleasant for the dental assistant or the dentist to be spluttered over by the patient. A constant check is kept by the dental nurse of the back of the mouth, and as soon as any water/saliva gathers, the aspirator tip should be placed at the side of the tongue and slipped back carefully to remove all water. Care should be taken not to aspirate in the middle of the back of the mouth as the aspirator can suck up the soft palate that hangs down and can damage it or cause the patient to retch. Remember, even if the dentist is not working in the patient's mouth, if the patient is lying flat it is the dental nurse's duty to aspirate frequently to avoid any build up of fluids.

#### 3. Dental Materials

Most of the filling or impression materials we use in the patient's mouth will only work if the surface they are applied to is absolutely dry. A patient swallowing just before the placement of a material will wet the tooth surface and cause it to be ineffectual. The tooth must be isolated, often using cotton wool rolls, dried and kept dry until the materials have set.

#### 4. Patient Safety

The aspirator, as well as sucking up fluid, also acts as a retractor to keep the cheek and tongue out of the working site. By use of your 3 in 1 syringe and aspirator you will constantly be trying to keep the working area as large as possible by pulling back the cheek and depressing on the tongue. This allows more light in for the dentist to see and reduces the chance of any damage to that tissue with a handpiece. A high speed handpiece will cut through the cheek or tongue as easily as a sharp scalpel and a slow speed bur will tear into tissue and stick there.

**Remember that every time you pick up the aspirator you must pick up the 3 in 1 syringe as well.** Use the 3 in 1 syringe as a cheek retractor to achieve the best positioning of the aspirator tip.

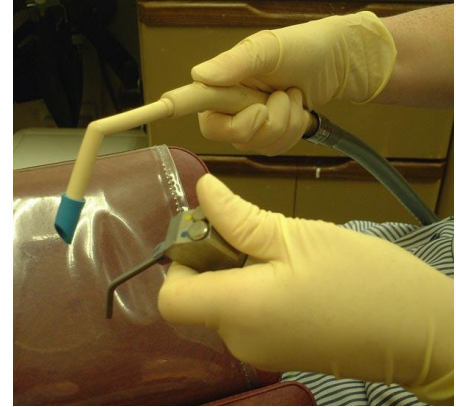
Use the spray in the 3 in 1 syringe to clean cavities during cutting, for washing debris from other areas of the mouth, and washing the dentist's mirror to give clear vision. After washing, thoroughly dry the cavity.

When fitting a 3 in 1 tip ensure it is pushed in securely and use the spray for a few seconds. This checks the fit and removes any oil and debris from the tip before use in the patient's mouth.

# Four handed dentistry



To perform good four handed dentistry and reduce the chance of back problems or muscle fatigue it is important that both operators sit as close to the patient as possible with straight backs. The assistant should have her chair adjusted so that she is at least 12cm above the dentist, and touching the patient so she also has an almost vertical view into the patient's mouth. The nurse should not have to lean or twist to get a view of the teeth or area of work.



Every time the aspirator is used the 3 in 1 syringe must be used also. The aspirator handle is designed so the nurse should not have to bend or twist the wrist. The hands and forearm should be in a straight line to reduce fatigue.



The assistant should always be allowed first into the mouth. The 3 in 1 syringe should be inserted into the patient's mouth first to allow clear visibility for the placement of the aspirator tip. Care must be taken that the end of the 3 in 1 tip is not digging into the patient's cheek. The soft blue tip of the aspirator is twisted so that the opening is directly opposite the tooth being worked upon. It is important to remember that one of the main uses of the aspirator is to reduce the aerosol effect of the high speed drill, and so the tip must not be partly covered.

The dentist should hold the mirror as close to the end as possible so that their hand does not obscure the vision of the assistant.

Cotton wool rolls can be inserted to help retract the lips. This is especially useful with the upper anteriors.

Once the dentist is in position the nurse will adjust the position of her 3 in 1 syringe so that it helps to keep the mouth open, protect the lips or wash the dentist's mirror or the tooth.



When working in the lower left quadrant the dentist should protect the tongue by depressing it with the back of the mirror. Depressing the tongue is less stressful than trying to push it sideways.

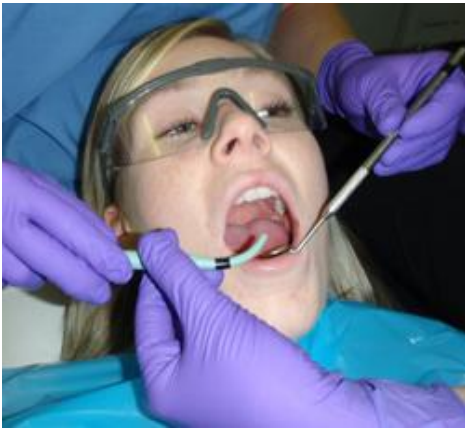
## Handling Instruments

Often when the dentist is working in the mouth they are looking only at the tooth they are working on either directly or in their mirror. During a procedure they are often thinking of how to do the next stage or where to apply some material. They will hold out their hand and expect to get the correct instrument placed in their hand. They do not want to lose their concentration or the mental image of the tooth they have in their head to look and see how to pick up an instrument from the assistant.

The assistant puts the instrument in the dentist's hand – the dentist does not pick up the instrument from the assistant or the bracket table.



When an assistant takes an instrument from the dentist they must look carefully to see how the dentist is holding the instrument. When they pass the instrument back to the dentist they will pass it back in exactly the same position.

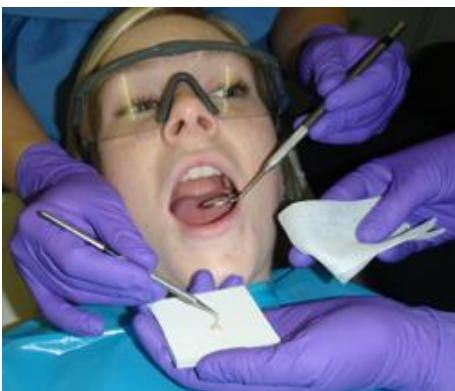
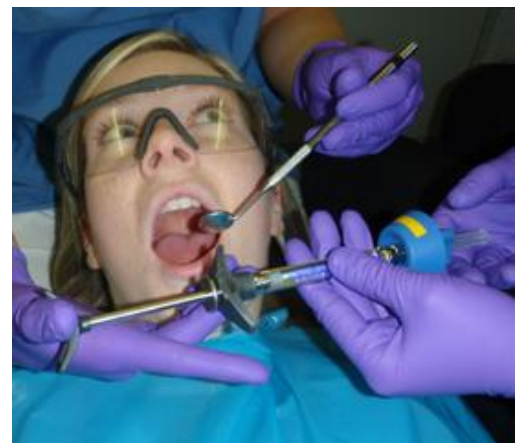


For each instrument the dentist will have a different way of holding it. Remember to place it firmly in the dentist's hand so they know exactly where in their hand the instrument is.



When passing a local anaesthetic syringe ensure the plunger handle and the grip are in the same direction so the dentist can easily receive it.

It is always passed discretely out of view of the patient and the dentist will often be talking and looking at the patient and does not want to look to see if the syringe is there. They want to feel it pressed into the correct place. The assistant will take great care with the needle guard and hold it with the other hand.



When passing any material either in a syringe or pad the assistant will need to have ready the instrument that will be used to apply or shape the material and must have a piece of gauze ready to wipe the instrument.

The material must be held close to the patient's mouth to save the dentist stretching. And the dentist will hold the instrument steady while the assistant wipes the end of the instrument clean.