DENTAL SURGEONS

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The Wand Computer Controlled Local Anaesthetic System-a personal appraisal

I have used the Wand local anaesthetic system routinely in my practice since July 2000. It has revolutionised my local anaesthetic delivery and new patients have joined the practice on recommendation, simply because they have heard about the Wand from existing patients.

Most patients are apprehensive about receiving local anaesthetic injections. The Wand helps to overcome this as it is far less intimidating than a conventional L.A. syringe and delivers a significantly more comfortable injection. I consider one of my greatest successes to be overcoming the profound needle-phobia of a teenage patient who had been impossible to treat and whose dental condition had seriously deteriorated. He will now happily accept injections with the Wand (without any sedation, hypnotherapy or other adjunct having been necessary to overcome his phobia) and I am now proceeding to correct the ravages of years of neglect.

The Wand brings versatility to L.A administration unmatched by any other system. While conventional blocks and infiltrations are made much easier for both patient and operator, the *site-specific* techniques such as AMSA and PASA are unique to the Wand and deliver comfortable, effective local anaesthesia with reduced volume of L.A. solution and no labial or facial numbness. No other system enables the clinician to obtain bilateral anaesthesia in the anterior maxilla with a single injection (PASA) to allow restorative treatment or even extraction of all four incisors. While a number of syringes have been developed for the PDL injection, the Wand makes this technique much simpler to administer as the pressure and flow rate of the L.A. solution are controlled by the computer rather than by the operator having to squeeze a trigger. The periodontal membrane is therefore subjected to a far lower pressure, avoiding the risk of unwanted post-operative sequelae.

For the operator, holding the Wand handpiece with a pen-like grasp is far more comfortable than the thumb-palm grasp needed for a conventional syringe, and allows more precise control over the positioning and placement of the needle tip during injection. The slow flow metered by the computer advances drops of L.A. solution ahead of the needle tip creating an anaesthetic pathway as the needle moves through the tissues, reducing discomfort almost to nil. The automatic aspiration function controlled by the computer enables the needle tip to be kept perfectly still within the tissues as the operator is not required to pull back on a plunger, as is the case with conventional aspirating syringes. The risk of moving in and out of a vessel during aspiration and obtaining a false negative result is avoided.

My experience of the Wand system has convinced me of its superiority over all other systems I have used. Safe, effective local anaesthesia, which can be delivered without causing distress or discomfort to the patient is the cornerstone of modern dental practice and this state-of-the-art system is undeniably the way forward.

Keith Hooper BDS November 2002