

Periodontology

2nd Year Clinic Course

Hand Scaling



Scaling is.....

The removal of plaque and calculus deposits from the crown or root surface.

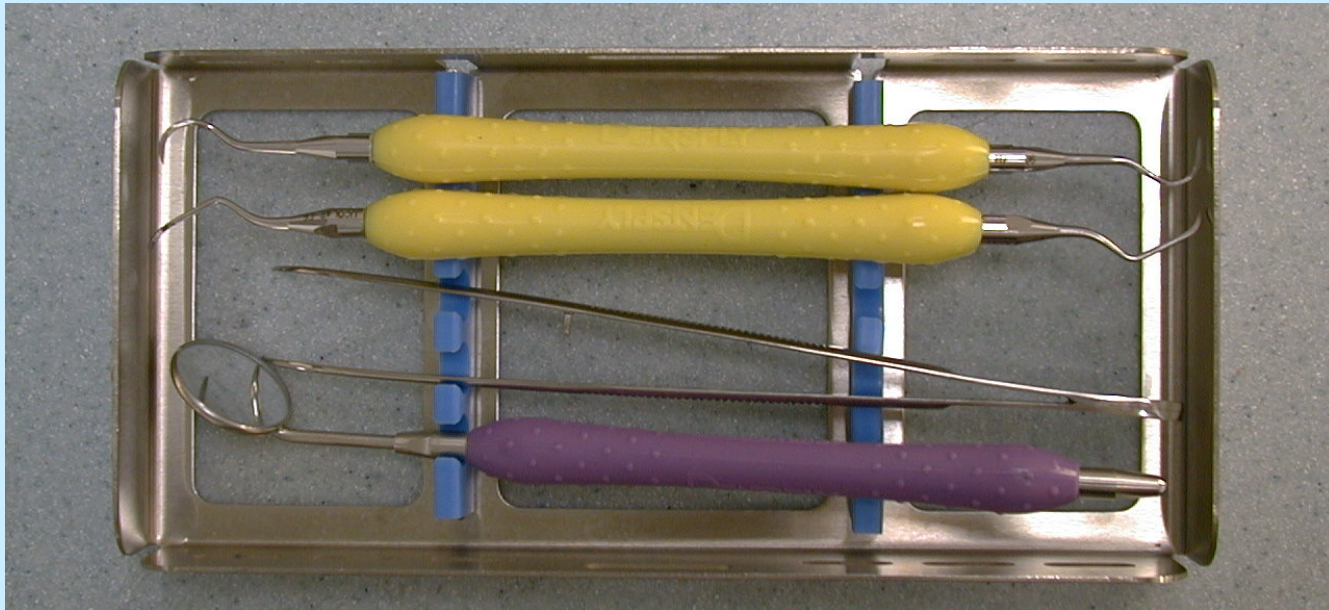


Scaling

- Scaling removes calculus, which is a plaque retention factor.
- Thorough and efficient removal of calculus, followed by polishing, renders the tooth surface smooth and free of calculus, plaque and acquired pellicle, thus inhibiting the acquisition of new deposits for as long as possible

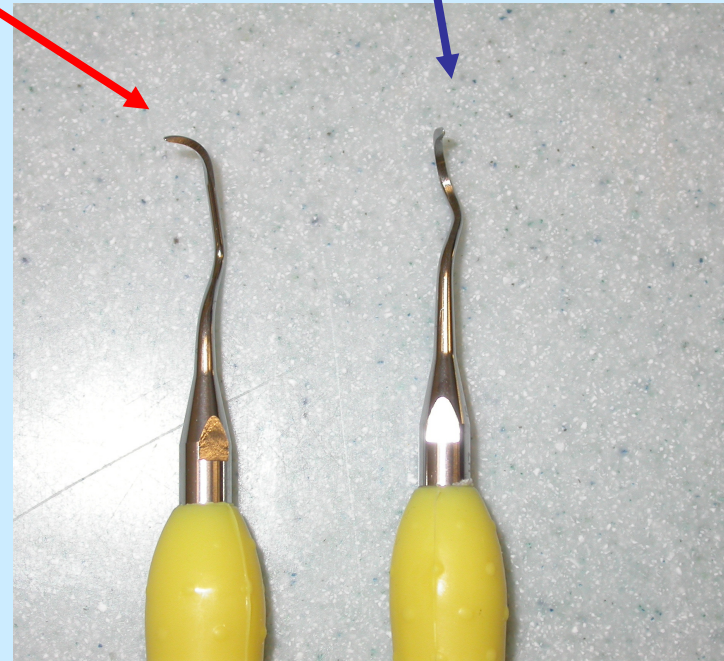
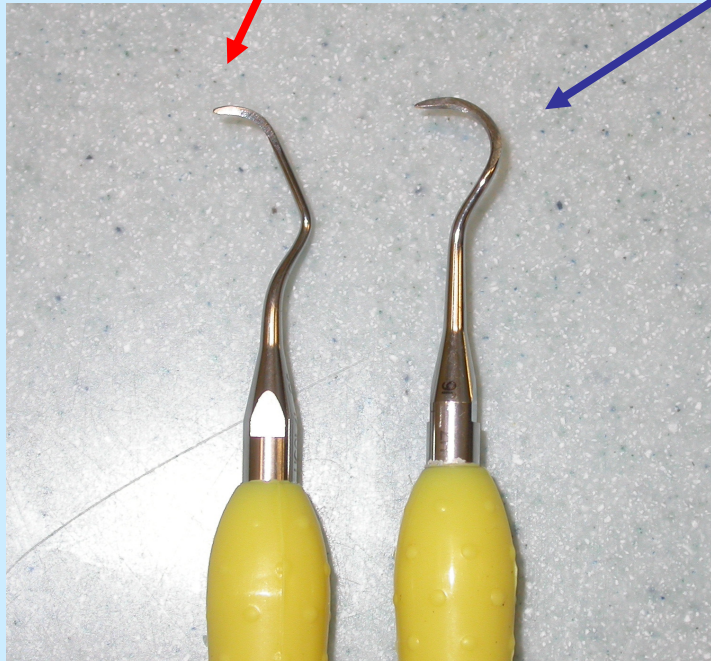


Within each 'Perio Scaler Pack' you will find....



Universal Curette

Sickle Scaler

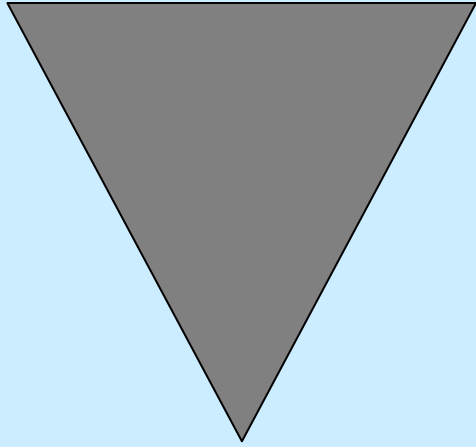


Sickle Scaler

- For Supra-gingival use
- Sharp tip
 - (would cause trauma if used sub-gingival)
- Triangular cross-section
- 2 cutting edges
- Use the tip third of the instrument

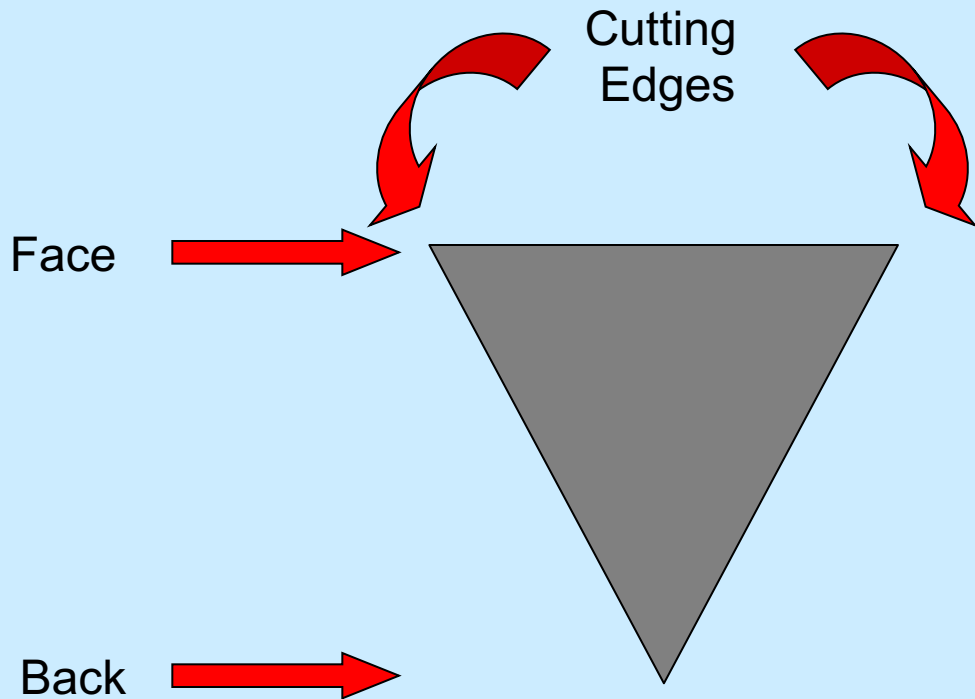


Face



Back





Tip Third Correctly Adapted

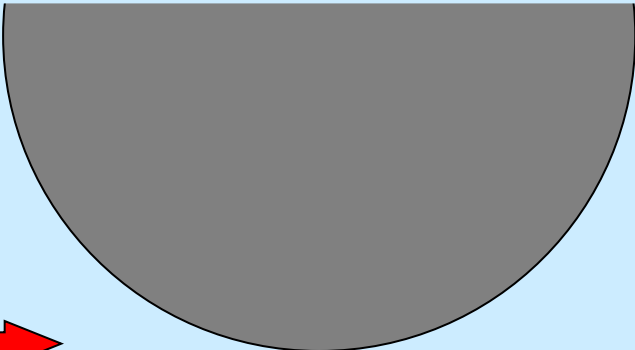


Universal Curette

- For Supra- & Sub-gingival use
- Blunt tip
 - (avoids trauma if used sub-gingival)
- Semi-circular
 - (back of instrument is rounded to avoid gingival trauma)
- 2 cutting edges

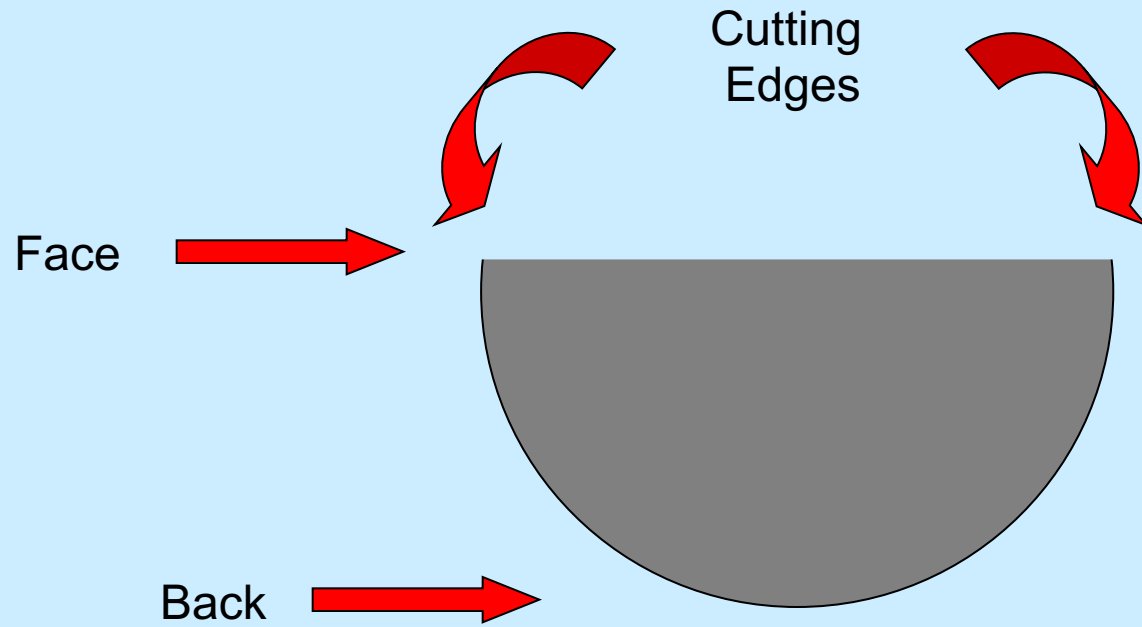


Face



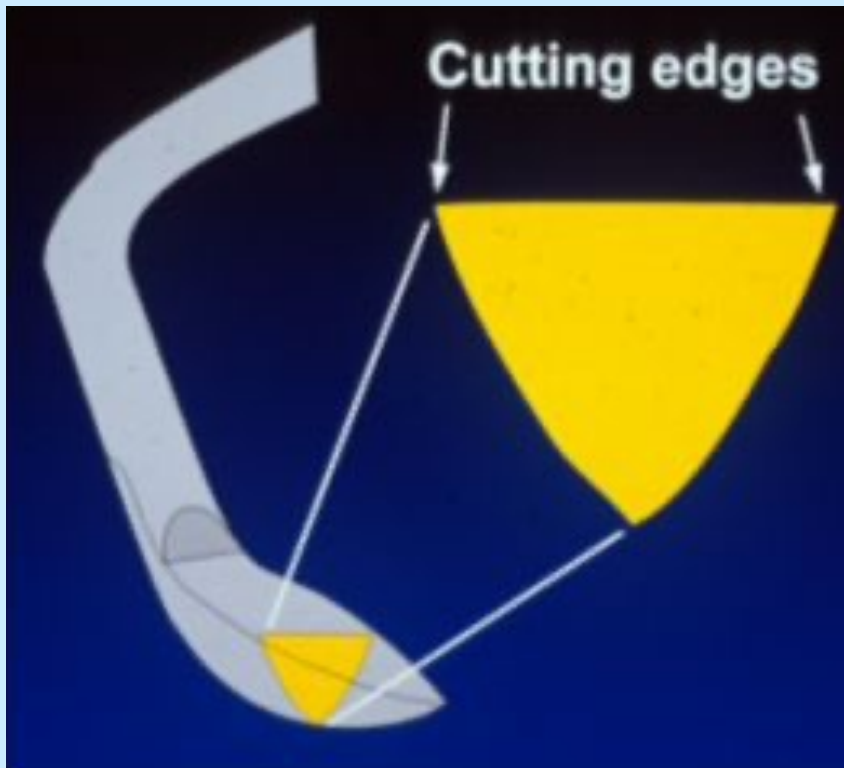
Back



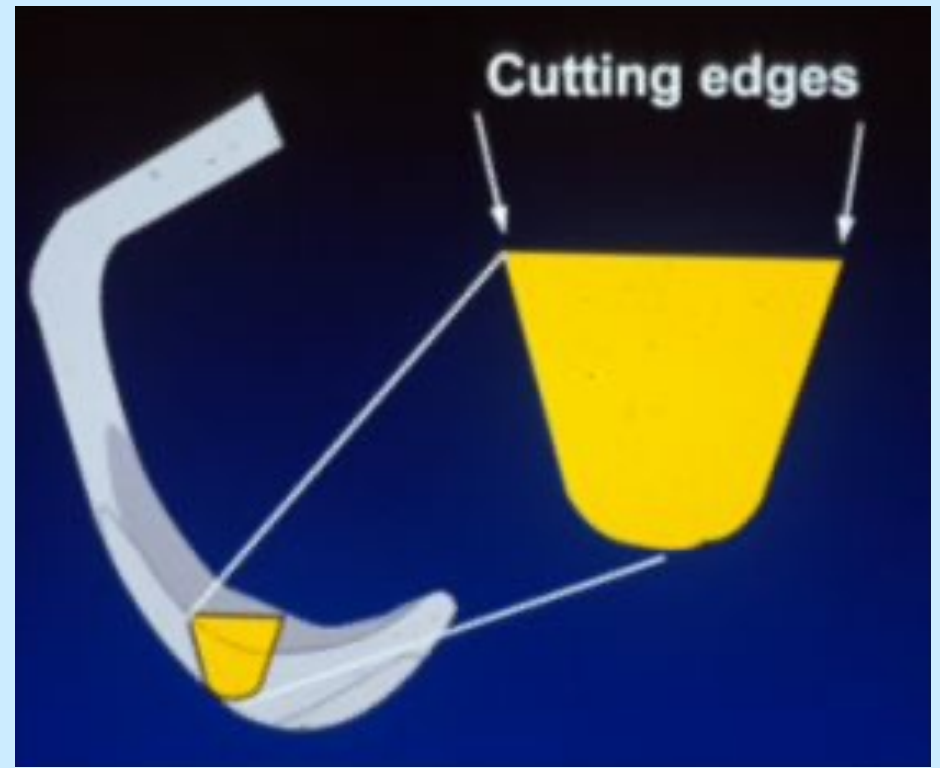


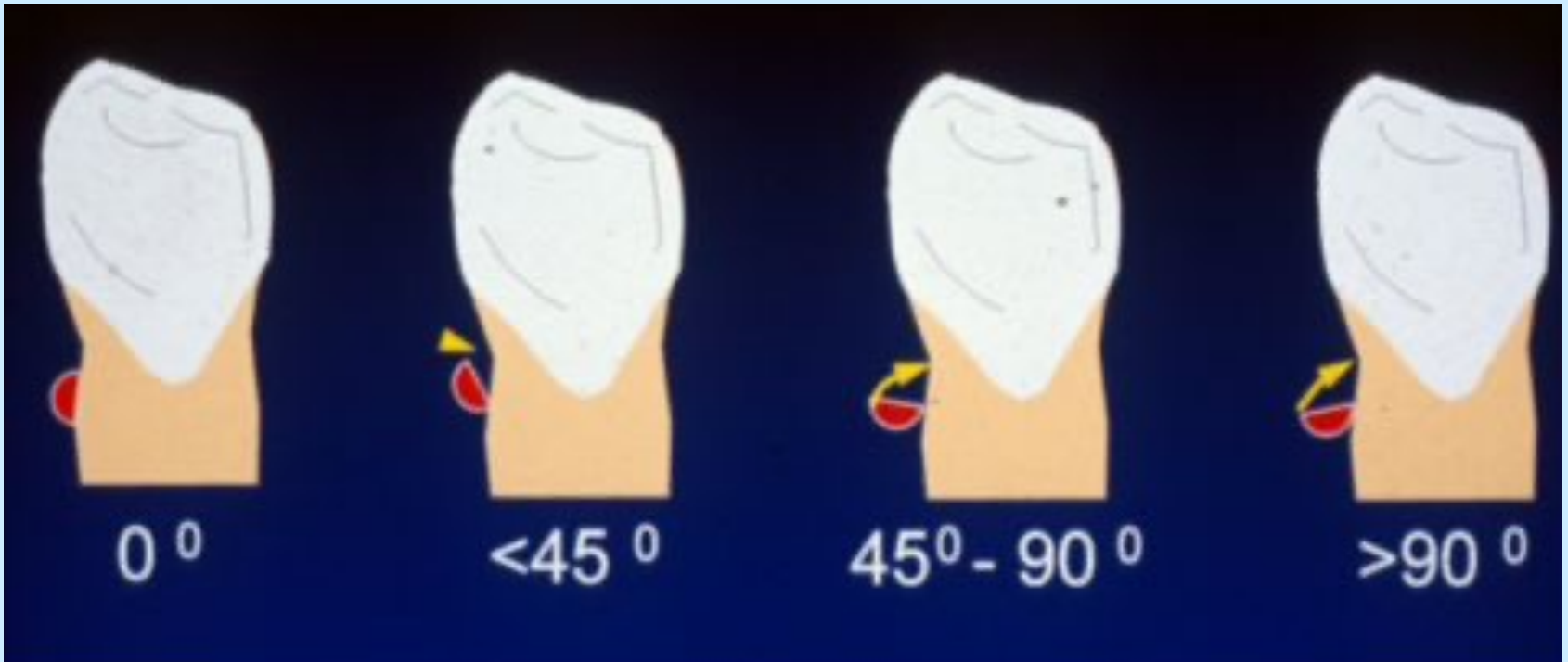
They are shaped differently as they are used for different purposes

Sickle Scaler



Universal Curette





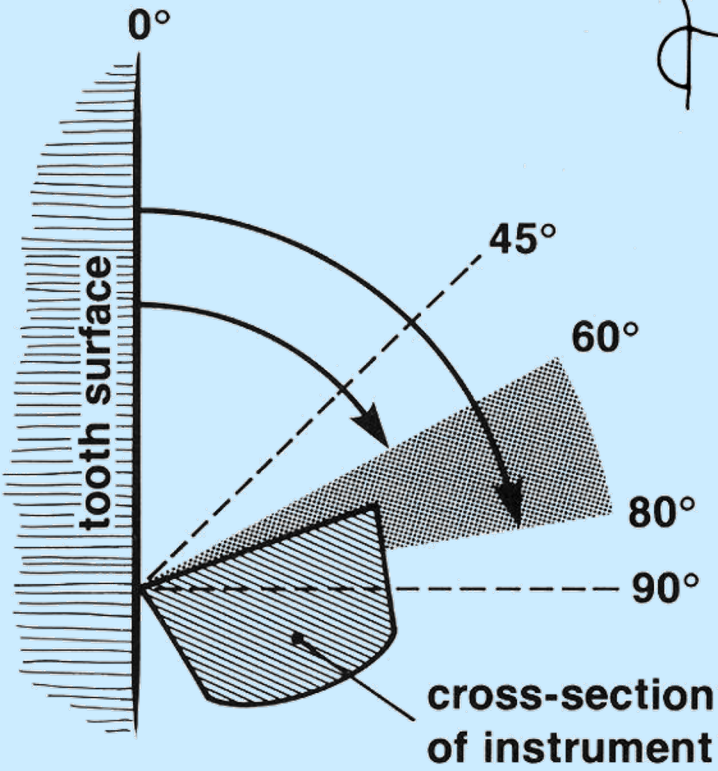
Most scaling takes place between 45-90°

Ideal angle is 70-80°

Using a closed angle can burnish the calculus rather than remove it



Angulation



0°



$<45^\circ$



$45-90^\circ$



$>90^\circ$



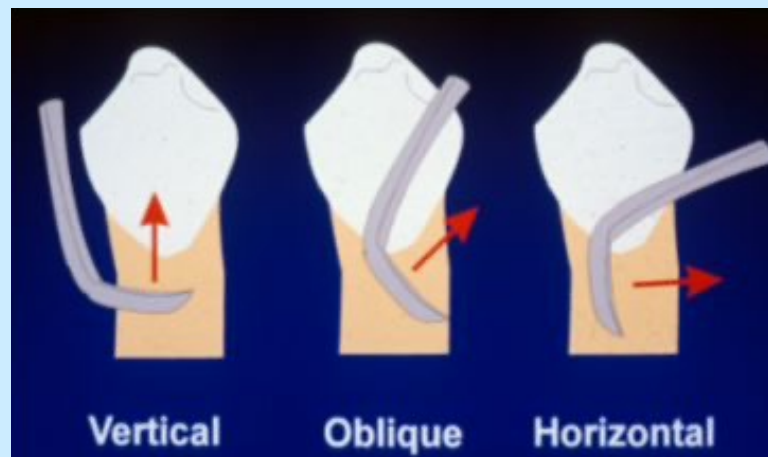
Angulation

- Angulation for a scaler means the angle formed by the face of the instrument to the surface to which it is applied (tooth).
- This is sometimes termed the “rake angle”.
- The range of angulation used for scaling is less than 90° but not less than 45° .
- Using a closed angle will burnish calculus rather than remove it.



Activation

- Short strokes, lifting the blade and replacing it for each repeated stroke.
- Vertical, horizontal and oblique strokes.
- Minimum pressure is required, providing the instrument is sharp.



Push Scaler

- Supra-gingival calculus from interdental surfaces of the lower anterior teeth.
- Thin bladed instrument with a straight bevelled cutting edge at right angles to the shank.
- Only used when sufficient embrasure space permits.
- Cutting edge is placed from the labial aspect against the proximal surface of the tooth and pressure is applied along with a pushing action.
- Care to avoid traumatising the interdental papillae.
- Mirror must always be used to protect the tongue and floor of the mouth from the sharp blade of the instrument.



Fulcrum or Finger Rest

- The fulcrum is the support or point of rest on which a lever turns in a moving body.
- A good fulcrum is essential for safety in a scaling operation.
- The operator's finger is the lever.
- The moving object is the instrument.
- The “ring” or fourth finger is the fulcrum of choice.
- The best fulcrum is on hard tissue, as near to the area of work as possible and in the same arch.



Instrument Grasp

- Modified pen grasp - the instrument is held in much the same way as a pen for writing, but with modifications.
- The pad of the middle finger is against the side of the instrument, with fingers extended.
- Thumb and index finger are placed on opposite sides of the instrument handle, with a space of about 3-5mm in between.
- Avoid grasping the instrument too close to the working blade/tip.



Scaling

- The removal of calculus can be achieved by:
 - Mechanical Instrumentation
 - Ultrasonic scaler
 - Sonic scaler
 - Hand Instrumentation



Check the result

- Dry to the tooth with your Triple Air Syringe
- Use your eyes to look for residual calculus
 - visual
- Use an ODU explorer or BPE probe to feel for any roughness
 - tactile sensation.

