

Pre-amble: In an effort to help new laser users learn **progressively and safely** how to use their AMD Picasso Diode, I have arbitrarily taken the FDA cleared procedures and organized them into **ENTRY LEVEL, INTERMEDIATE , and ADVANCED** procedures.

The level of difficulty is determined by several factors including: the **power required** to complete the task, the sheer **size of the laser/tissue interaction** (bigger cuts are more difficult than smaller), the **thickness and nature of the tissue** ( Fibromatous thick tissue takes more time than thin, hemorrhagic tissue to cut), the **potential for negative sequelae**, and the **number of instances where a procedure is encountered** typically in an average GP dental practice. There are other considerations that may account for why one procedure may be more difficult than another to accomplish including the fact that lasers are all end cutting and have a learning curve to using them and that the posterior of the mouth is more forgiving than the anterior in terms of esthetics.

Traditionally, laser education has not focussed on progressively learning how to use the diode, but aimed at teaching all material to the end user at one time. The concern is that many general dentists may not do alot of soft tissue procedures prior to purchasing the laser, and a key to success is to learn and confidently apply possible uses of the laser beyond gingivectomies and crown troughing. These additional procedures can lead to more enjoyment and understanding of the advantages and challenges of using diode lasers for soft tissue ablation, as well as increase the return on investment for the laser itself.

This progressive approach may help many clinicians “grow” into their laser and progressively encounter more difficult procedures as time elapses. It is also hoped that by providing a **GREEN** (entry level) , **YELLOW** (Intermediate) and **RED** (Advanced) procedures that clinicians may become aware of when to tackle more challenging cases with the laser.

This categorization of procedures does not take into account an individuals experience with these procedures, the specialty of the individual or the type of practice one has. It is simply a gradual continuum to learning how to become more proficient with your laser and how to avoid some pitfalls early on in the learning curve.

## ENTRY LEVEL PROCEDURES

- \* Gingival troughing for crown impressions
  - \* Gingivectomy
  - \* Gingivoplasty
- \* Soft tissue crown lengthening
- \* Treatment of canker sores, herpetic and aphthous ulcers of the oral mucosa
- \* Fibroma removal
- \* Incision and drainage of abscess

## INTERMEDIATE PROCEDURES

- \* **Pulpotomy**
- \* **Pulpotomy as an adjunct to root canal therapy**
- \* **Gingival incision and excision**
- \* **Oral papillectomies**
- \* **Frenectomy and frenotomy**
- \* **Excisional and incisional biopsies**
- \* **Reduction of gingival hypertrophy**
- \* **Exposure of unerupted teeth**

## ADVANCED PROCEDURES

- \* **Operculectomy**
- \* **Implant recovery**
- \* **Hemostasis and coagulation after extraction - non contact**
- \* **Lingual tongue tie release**
- \* **Leukoplakia**
- \* **Vestibuloplasty**

My hope is to generate case studies for these cases and to get guidelines from other laser dentists (Ie Drs. Jesse, Kaminer and Ochoa, Feng and others) on their settings for these procedures and whether they feel that these procedures are grouped into the correct or reasonable level of difficulty for the majority of new users.

I will in addition, attempt to explain why a certain procedure may be more difficult and require caution by the clinician in the individual cases for that procedure. For example Implant recovery requires a fair amount of tissue to remove, and this may require greater energy or power. This in turn may jeopardize the bone or the implant itself. A simple gingivectomy of inflamed tissue around a Class V amalgam is a simple procedure that requires less energy and time to complete the task with less risks involved in a typical scenario.

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