

## THE ADVANTAGES OF COFFERDAMS TODAY AND THE IMPORTANCE OF LEVEL 4 INSULATION

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**Abstract.** Isolation of the working field is of great practical importance in dental treatment. The cofferdam is one of the most effective methods of isolation. It is a 15x15 cm latex veil made of rubber wood. The cofferdam kit includes: latex veil, frames, clamps, clamping forceps, perforator and template.

**Keywords:** clamp, cofferdam, supragingival margin, gingivectomy.

### ПРЕИМУЩЕСТВА КОФФЕРДАМОВ СЕГОДНЯ И ВАЖНОСТЬ ИЗОЛЯЦИИ 4-ГО УРОВНЯ

**Аннотация.** Изоляция рабочего поля имеет большое практическое значение при лечении зубов. Коффердам является одним из самых эффективных методов изоляции. Это латексная вуаль размером 15x15 см, изготовленная из каучукового дерева. В комплект коффердама входят: латексная вуаль, рамки, зажимы, зажимные щипцы, перфоратор и шаблон.

**Ключевые слова:** зажим, коффердам, наддесневой край, гингивэктомия.

The main reason to use a cofferdam is the need to ensure the dryness of the working field, because ingress of saliva containing microorganisms can infect periapical tissues during endodontic treatment, and also reduces the adhesion of composite materials when filling teeth.

The advantages also include improved visibility of the working space, the exclusion of foreign, toxic substances on the soft tissues of the oral cavity. It is also important that the general well-being of the patient when using a cofferdam improves, as the patient feels that the treatment takes place outside the oral cavity, irritation from choking becomes less, the contents of the oral cavity remains normal. While there are many advantages, the cofferdam still has its disadvantages: it requires additional time for installation, the patient may have an allergic reaction to latex, the dental service becomes slightly more expensive.

Cofferdam can affect the visible color of the teeth and thus make it difficult to choose the right shade of composite, but an experienced dentist will choose the color before placement.

Dentist will match the color before the cofferdam is placed. Despite the disadvantages, there are many more advantages to the cofferdam, making it the most reliable method of isolation available today.

Although in modern dental practice, not many doctors use the cofferdam, citing the time required to apply and remove it, but once you start working with it, it is impossible to give it up.

Cofferdam provides protection for the doctor and medical staff from cross-infections.

Dental treatment becomes easier, better and more effective.

**Relevance.** When it comes to quality restoration and adhesion, good insulation immediately comes to mind. This is a mandatory procedure, which, however, is not always easy to accomplish. The need to work in dry conditions in the oral cavity was recognized many decades ago, and the idea of using a rubber sheet to insulate a tooth dates back more than 150 years! The use of cofferdam was first described in 1864 in New York City by Dr. Sanford Christie Barnum, who demonstrated the benefits of isolating a tooth with a piece of rubber. Adhesive procedures were not known at the time, so the question becomes, “Why did he choose to work with a cofferdam?”

**Objective.** What does good isolation imply?

Good isolation can be achieved by mechanically shielding from the from the environment of the teeth to be worked on. In this case, they will remain dry and clean throughout the procedure. The first thing to aim for is a good inversion, i.e. tucking the edges of the cofferdam around the cusp of the teeth into the gingival sulcus and keeping it there until the end of the work. In other words, it is necessary to place the cofferdam outside the boundaries of the preparation area.

**Materials and Methods.** For this we need kits and tools for cofferdam clamps, forceps for placing the clamps, punch, cofferdam template, frame, multifunctional floss set.

Good insulation also includes:

1. A dry working field;
2. A large working field;
3. maximum tissue retraction;
4. Minimal interference with restorative procedures.

To find new solutions to improve and accelerate the inversion of the of the cofferdam, various technologies and materials have been developed. The main purpose of isolation is to “separate” the teeth from the oral cavity to keep fluids and surrounding tissues out of the working field. The weak points in cofferdam isolation are the perforation holes. Immediately after applying the cofferdam, it is necessary to place it under the gingival margin into the gingival furrows. This process is called inversion. In other words, inversion is the tucking of the edge of the cofferdam perforations around the necks of the teeth into the gingival furrows to hold it in this position until it is the end of the work. An important rule is that the cofferdam should be

positioned passively around the tooth neck. If the material is stretched, inversion is almost impossible to achieve. The elastic properties of rubber are very useful in this process.

#### Level 1 - Air Inversion

The easiest way to perform an inversion is to blow air around the

The easiest way to perform an inversion is to blow air around the cervical area while gently pushing the edges of the cofferdam into the gingival sulcus with a spatula. The rubber will be in contact with the tooth and will not slip, so it will remain in the neck area. Air inversion is great when the preparation margins are outside the gingival margin. However, there are situations where this technique does not work. In case there is a large amount of saliva under the rubber curtain, it is difficult to dry the teeth. Then it is recommended to use several cotton rolls in the vestibule of the mouth while applying the cofferdam. Another difficult situation is when a tooth has not fully erupted and its equator is in the vestibule.

its equator is in the gingival region. This problem can be solved with floss ligatures or an additional clammer. Both of these options will be discussed next.

#### Level 2 - Inversion with a flosser

As mentioned earlier, there are cases in which inversion with air is not possible.

with air is not possible. In these situations, the strategy is to

Using a floss around the tooth. Under apical pressure using slow movements, the cofferdam should roll and invert. Inversion should be performed on all teeth that need to be isolated (e.g., a specific quadrant), not just around the tooth to be restored. This will prevent saliva from seeping into the area of teeth with inversion not properly performed during adhesive procedures.

#### Level 3 - Inversion using ligatures that are tied in place

This technique is very useful when dealing with Class 2 or 3 cavities or when securing ceramic restorations with supragingival margins. This technique provides two advantages: first, the thread advances the rubber edge deep into the sulcus, close to the epithelial attachment.

Second, the floss tightens the cofferdam around the tooth and holds it in position during the restoration. This isolation option is only feasible

when the cavity boundaries do not affect the epithelial attachment. Since rubber and floss are elastic, they will not move further under the gingiva than the epithelial attachment. If the epithelial attachment is affected, a different inversion strategy must be chosen. The following will describe a technique by which isolation can be achieved in very difficult cases. With this technique, the cofferdam pushes back the gingival margin in proximal areas by up to several millimeters, which gives the dentist a better view.

#### Level 4 - Inversion with Teflon tape



This technique is used in cases where isolation is difficult. C

Teflon tape can be used to place the edges of the cofferdam deep into the gingival furrows beyond the boundaries of the restoration. Teflon is more often used to push the cofferdam vertically in certain areas near the teeth. In Class 2 cavities, for example, the fracture margins are close to the epithelial attachment, so inversion with a floss is not possible. Why does this happen? It is easier to understand if you visualize the epithelial attachment as a red line around the tooth.

This red line must not be damaged when performing an inversion.

The vestibular border of the cavity or the edge of the preparation will often touch or go beyond this red line. In such cases, the cofferdam will remain on the red line in this area and cannot be inverted with air, floss or tied ligatures. Using a piece of Teflon tape wrapped around a wet spatula will allow the cofferdam to be advanced deeper beyond the preparation. The procedure is not easy and sometimes an assistant may be required. Teflon is a material with plastic properties: it sticks when pressed with a spatula, but can follow the spatula when it is removed. Therefore it is advisable to use another tool (e.g. tweezers, a second spatula, etc.) to hold the Teflon in place.

Another method of isolation for deep subgingival cavities is a gingivectomy with a surgical scalpel, laser, or other cutting instrument. The bleeding should then be stopped to facilitate isolation. An electric surgical knife or laser allows good control of bleeding. The gingival level after gingivoplasty should be made deeper than the margins of the preparation and the level of epithelial attachment on the vestibular and lingual sides. Under these new conditions, it will be easier to perform cofferdam inversion.

### **Conclusions.** Isolation of teeth

All the “tricks” and methods for isolating teeth in the most difficult situations are now available to us. If a tooth cannot be isolated, it is worth considering how favorable the prognosis will be. If a tooth cannot be isolated, it cannot be restored in this condition. It is worth considering clinical crown lengthening or reviewing the data regarding the prognosis of that tooth.

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