

# TECHNOLOGY & DENTISTRY

## A High-Tech Alternative to Flossing



by Craig C. Callen, DDS

**H**ow many times have we heard our patients say, "Doctor, I know that I should floss, but my teeth are so tight that it just breaks all the time," or, "I just can't get the hang of it. My hands are just too big," and so on. Being stubborn people, we dentists just keep banging our heads against the wall telling people over and over to floss, all the time knowing that they don't. Studies have shown that only five percent to seven percent of the population flosses with any regularity. Then think about your bridge patients and orthodontic patients who must be super-motivated to use floss threaders. So we fall back on medications like Peridex™ and an occasional antibiotic, hoping blindly that we are killing enough bugs to do some good.

Along came the water irrigation devices that looked like the answer to our problems. The trouble was that while they would remove food debris, they could not remove the plaque. So we went back to adding medications to the irrigation systems to increase their efficacy. Back to the same problem of complicating treatment by adding a medication. After a while, the patients got tired of buying the mouth rinses, and that too fell by the wayside.

So we are left with this dilemma of how the patient is going to adequately clean in between the teeth and underneath the gums. We provide thousands of dollars worth of crown and bridge for patients and hope that they are going to make life changes that will protect that investment. When treatment fails, even due to poor patient compliance, the patient often looks for someone to blame, and the dentist is the most likely target.

Along comes a company named Hydro Floss, Inc., with a patented process combining magneto hydrodynamics with

oral irrigation. The process is to "reverse the polarity of the ions at the molecular level." This "inhibits the bacteria's ability to attach and reach critical mass."

A magnetic device is located in the hand piece portion of the irrigator. It looks just like a normal water irrigation device, but looks can be deceiving. Studies are showing a 44 percent greater reduction in plaque and calculus, measured by volume ( $p < 0.0005$ ) and 42 percent greater in area ( $p < 0.0001$ ) (*Journal of Clinical Periodontology*, May 1993 20;314-317). All of this with just regular tap water. Talk about easy to use.

If you want to increase the effectiveness, you can add the medicament of your choice. In the February 1995 issue of a major clinical research newsletter, HydroFloss™ was rated 3.07 on a scale of 1-4 and got a good or excellent rating by 83 percent of the evaluators.

The unit comes with color coded replaceable tips. For subgingival irrigation (5mm to 6mm) there are culcus tips and rubber-tipped, plastic cannulas with adaptor for deep irrigation by the patient. For professional use, they offer a 24 gauge, metal cannula with adaptor.

The system is sold through "The Sharper Image" catalog, or can be marketed through your practice (at a substantially lower price to the patient). It has a one year warranty and a 60 day money back guarantee for a *no risk* trial. Some offices are including a HydroFloss unit right in with the fee for their soft tissue maintenance program.

Being somewhat of a hard sell, it took some convincing by a friend of mine, Dr. Mark Troilo, that this was worth a look. I can now tell you from personal experience with my patients that this system delivers what it promises. I started out giving away units to some of my difficult, ongoing perio cases. You know, the ones who have been in your practice forever and have heard the message over and over and yet never seem to get any better? Well guess what? They got better! Not only was the patient convinced, but my hygienists are true believers. They have been bugging me to order some more units because of the amazing results they have seen. Give HydroFloss a try (1-800-635-3594). With a money back offer, there is not much risk, and I think you'll be happy with what you find.



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