

There are numerous ways in which poor instrument care causes harm to patients, staff, and the bottom line. Ultimately, no practice can thrive without taking timely and appropriate measures to prevent patient and staff-retention challenges.

Direct Result, Dull/Misshapen Instruments	Unintended Consequences	Loss of Patient(s)	Loss of Staff	Loss of Revenue/ Profit	
Premature Replacement Costs	Excessive spending			yes	
<ul><li>Clinician strain</li><li>Discomfort</li><li>Injury</li></ul>	Leaves of absence	possible	yes	yes	
	Employee dissatisfaction Reduced patient care hours	possible	likely	yes	
		yes	likely	yes	
<ul><li>Patient discomfort</li><li>Injury</li></ul>	<ul><li>Poor reviews</li><li>Patient dissatisfaction</li></ul>	yes	possible	yes	
		yes	possible	yes	
Excessive appointment length	Decreased office production	possible	likely	yes	
	Patient dissatisfaction	yes	likely	yes	
<ul><li>Burnished calculus</li><li>Progressive perio</li></ul>	Increased perio referrals	likely	possible	yes	
	Loss of patient confidence	yes	possible	yes	

### **INEFFECTIVE INSTRUMENT MAINTENANCE**

### Reasons

**Budgetary restrictions** - Overhead in dental practices is notoriously high, so purchasing alone can present challenges for practice staff and owners. Professional sharpening services usually involve monthly fees or per-instrument fees. Even "no-sharpen" instruments are costly due to their inflated purchase prices (and of course, they still get dull and need replacing regularly).

**Lack of Time time** - Every practice strives to maximize patient care and schedule as fully as they can during working hours. This means that proper sharpening in-house would need to be completed on every instrument after nearly every use!

**15** After 15 calculus-removal strokes cutting edges begin to dull<sup>1</sup>.

**45** After 45 strokes cutting edges become quite rounded<sup>1</sup>.

**Inadequately trained staff** - Proper sharpening requires virtually-perfect angulation so that cutting edges do not become ineffective or overly thin. Dental hygienists usually receive about a half-day or a day of sharpening instruction in school. In fact, one study shows that sharpening scalers using the moving stone, stationary instrument technique actually created a high incidence of beveled, or third, edges on scalers.<sup>2</sup>

**73%** of hygienists cited lack of time as the primary reason they don't sharpen frequently enough.<sup>3</sup>

**15%** of hygienists reported lack of proficiency in sharpening.<sup>3</sup>

**34%** of hygienist described themselves as very confident in their sharpening skills.<sup>3</sup>

#### References

<sup>1</sup> Daniel SJ, Harfst SA, Wilder RS. Mosby's Dental Hygiene Concepts, Cases and Competencies. 2nd ed. Philadelphia: Mosby Elsevier; 2008. <sup>2</sup> Andrade Acevedo RA, Cézar Sampaio JE, Shibli JA. Scanning electron microscope assessment of several resharpening techniques on the cutting edges of

Gracey curettes. J Contemp Dent Pract. Nov. 2007; 8(7):70-.

<sup>3</sup> Amelia Williamson Destefano. "Sharpening in the Trenches; Results from the RDH Magazine State of Sharpening Survey." RDH Magazine, July 2018, pg. 32-35.

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# **STAY SHARP** COMPARING IN-OFFICE SHARPENING SYSTEMS



Systems:	Nordent InstRenew®	Traditional Stones	Ceramic Stones	Battery- operated	Diamond Cards	Angulation Guides
	A married				No. No. Unarge	
FOOL-PROOF Zero manual angulation, anyone can use	$\checkmark$					
<b>QUICK</b> Electric, diamond sharpening	$\checkmark$					
<b>EFFICIENT</b> 1 unit sufficient for virtually any practice	$\checkmark$					
<b>LONG-LASTING</b> Will not wear into grooves with use	$\checkmark$				$\checkmark$	$\checkmark$
VERSATILE Sharpens hoes and explorers	$\checkmark$	$\checkmark$	$\checkmark$			
LESS HAZARDOUS Less risk of hand injury	$\checkmark$					

## Nordent InstRenew® is the Most Effective In-Office Sharpening System:

**FOOL-PROOF:** Even a trained clinician can't maintain a perfect angulation while sharpening; the accuracy and proper angulation of cutting edges is measured on microscopic levels.<sup>1</sup> Nordent InstRenew ensures every scaler from area-specifics to universals, stays locked in with correct angulation. It is currently the only system available offering secure locked angulation during sharpening.

**VERSATILE:** Nordent's InstRenew can also sharpen hoes and explorers. Hoes are huge time-savers during lingual hand scaling, eliminating precious minutes from stain or tartar removal at lower front teeth.

**QUICK:** Team members often only have a few moments in between procedures. Sharpening throughout the day is typically impractical and time-consuming. The Nordent InstRenew is the only system with electric, diamond-surface sharpening, providing a sharpening pace that can keep up with even the busiest practices. **LESS HAZARDOUS:** While the ultimate measure of safety with any sharpening system involves proper recommended technique by the operator, some systems involve more relative risk of injury than others. The Nordent InstRenew<sup>®</sup> is currently the only available system which is not manually stabilized while instruments are sharpened in the other hand. Rather, it stands on its own, with sufficient weight to remain still during sharpening. This means that clinicians have lower risk of ever cutting themselves during sharpening.

**EFFICIENT:** One InstRenew provides support for any size team. Each clinician can spend one hour a week and fully restore cutting edges. Many stone-sharpening systems would sharpen too slowly for complete armamentarium maintenance in just one session or day.

**LONG-LASTING:** Traditional sharpening stones become worn down in areas of frequent use and thus need stone replacement more often. The InstRenew features diamond-coated sharpening cones, which eliminates the issue of surface grooves.

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<sup>1</sup> Di Fiore A, Mazzoleni S, Fantin F, Favero L, De Francesco M, Stellini E. Evaluation of three different manual techniques of sharpening curettes through a scanning electron microscope: a randomized controlled experimental study. Int J Dent Hyg. 2015 May;13(2):145-50. doi: 10.1111/idh.12109. Epub 2014 Nov 9. PMID: 25382386.



