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PrepStart air abrasion **SYSTEM**

Note: This text is not a scientific paper. Here, I describe the clinical experience brought by learning during a 32-year-long career. I hope you enjoy it!

In this paper, **I describe why I use Prep Start**, a pressure-controlled aluminum oxide abrasion unit.

The use of this unit has been part of our clinical protocols for over 15 years. As soon as it was introduced in Brazil, the use of aluminum oxide abrasion to prepare cavities, instead of burs, raised great interest from dentists, who wanted to know more about pressure-controlled units for aluminum oxide abrasion.

When I learned more about these units, I found out that their use was very limited for the procedures for which they were advertised. But I also realized that they would be an extremely useful unit in the office for several cleaning procedures.

Dentistry includes a lot of adhering, and bonding is required when completing prosthetic procedures. For a good bonding result, the surfaces should be clean, and this unit has greatly contributed to that result.

This unit has a very thin tip and does not spread out aluminum oxide too much. Its effects are focused. There is also one version that uses water and does not send any aluminum oxide spray into the air. A unit that uses water is a good idea, but, in practice, it makes the removal of debris and biofilm difficult. A mask should be worn every time oxide is used.

Use: All procedures use 50- μ m aluminum oxide particles. The quality of the oxide used makes a difference in both the quality of the procedure and in unit maintenance. Pressure, however, changes widely: depending on what procedure is necessary, pressure may range from 1 to 4 bar.

1. Cleaning tooth surfaces (1 to 2 bar): stains, impurities and, above all, bacterial biofilm have to be removed. I was never convinced that a bristle brush, pumice and water would be capable of cleaning the whole surface. This was confirmed after we started to use magnification. Aluminum oxide reaches points that are not cleaned if only a brush is used, particularly in the cervical area, close to the gingiva.

2. Microcavities and sealing of grooves and fissures (4 bar): in young patients, the use of aluminum oxide abrasion is indicated for small occlusal cavities and cleaning before acid etching and application of flowable composites for sealing.

3. Cleaning and preparation of prosthetic elements (2 bar): The surface of a prosthetic element has to be cleaned. A glazed surface, for examples, is a barrier to 20-second hydrofluoric acid etching of lithium disilicate materials.

Figure 1: Prep Start unit (Danville, San Ramon, CA).

