Microabrasion

Take pre-operative photos

Ensure the patient is wearing a bib and safety glasses

If plaque is visible, clean the tooth with pumice and water

Place rubber dam

Place sodium bicarbonate guard around gingival margin and have more available

6-10% HCl pumice with a slowly rotating rubber cup on white spot for 5 seconds

Wash directly into aspirator after 5 seconds

Dry tooth, place sodium bicarbonate guard and repeat

Maximum 10 x 5 second rounds of HCI

Fluoride varnish application – profluorid not duraphat

Polish with fine soflex disc

Final polish with prophy paste

Inform patient discolouration will reduce as tooth rehydrates. Warn the patient to avoid coloured foods and drinks that will stain a white t-shirt e.g., tomatoes

Review at 4-6 weeks. Take post-operative photos

Advantages of microabrasion:

- · Conservative
- · Cheaper
- Minimal maintenance required
- · Permanent results
- · Quicker results
- · Easy to perform

Advantages of microabrasion:

- Outcome is unpredictable
- Removes 25-75 microns enamel per treatment
- Must be performed chairside
- Requires PPE

Neutralises any HCI encroaching the gingival margin.

Can use a microbrush if unavailable.

Duraphat contains colophony, which can stain the tooth

Creates a prismless layer of enamel which as a higher refractive index and provides more aesthetic optical properties.