

CSDS Silver Fluoride Use

Introduction

The purpose of this SOP is to standardise safe handling and use of silver fluoride within the dental practice. Ensure Informed consent (using visual aids) is gained and noted in the patient's clinical notes.

Preparation

- PPE for patients and clinicians
- Plastic lined tray cover / liners for all surfaces involved in treatment.
- If possible, a bristle brush cleaning can be used to remove plaque on lesions however this is not necessary for success. (Tapered prophylaxis brushes are ideal).
- Vaseline protection to lips and surrounding facial tissues on the side that the application is planned.
- Cotton roll and or dry tips isolation is recommended to contain the materials to the site of application only.
- *The use of Garmers cotton Roll holders for lower quadrants is strongly recommended.*
- The use of a mouth prop is also recommended for patient comfort and to aid with isolation.

Procedure

DO NOT REMOVE CARIES

1. Air dry if possible or very thorough drying with gauze. Dispense the smallest amount possible (one drop) into a dappen dish **on the operators tray** to minimise the risk of accidental spills and manual handling accidents.
2. Apply AgF with an appropriately sized micro brush.
3. If application is in an interproximal area, the placement of 'super floss' in the interproximal area is an appropriate means of application.
4. 1-3 min application is appropriate. 3 mins applications will give superior results. Having a timer on hand is an advantage.
5. Soak up excess with a small cotton pellet (*Only rinse in the event that the application if GIC is planned for direct placement afterwards, but be aware of the discolouration to the GIC*)
6. Apply a small amount of SnF₂ (pre-dispensed into an alternate colour dappen dish) with a small micro brush to 'activate' the AgF.
7. Soak up any excess with a cotton pellet
8. Place a protection of 'holding' material over the area - fluoride varnish, MI Varnish, Orabase Protective Paste or petroleum jelly etc,

Clean-up

This is the role of the clinician, before the patient is moved to an upright position.

- Soak up the excess AgF and SnF₂ with a cotton roll, collect all materials and possibly contaminated materials into one gloved hand, invert, and do the same to the other glove.
- Dispose of all materials directly into waste bin. Silver fluoride materials will stain whatever it comes into contact with. Gingiva or unaffected enamel will only be affected temporarily and should be communicated to the patient. As per instruction included in the kit povidone iodine can remove skin staining and household bleach can be used on hard surfaces.

Information in clinical notes should reflect the reason for use, materials used, application timeframe, and proposed follow-up care plan.