Hints from Howard Æsthetics

At-Home Bleaching Technique

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Clinical Protocol
Nightguard Bleach

- Document shade (use shade guide and intraoral camera; compare to other arch)
- Impression/cast (remove all blebs)
- Fabricate mouthguard (spacer)
- No need for routine scalloping with 10% carbamide peroxide; scallop tray with 15% or more carbamide peroxide or greater than 6% hydrogen peroxide bleach
- Try-in mouthguard; have patient demonstrate try-in
- Patient instructions
- Dispense bleaching agent; show patient how to apply
- Post-op checks first 2 weeks (total bleaching time from 2-6 weeks)
Clinical Protocol

- Document shade (use shade guide and intraoral camera; compare to other arch)
Clinical Protocol

- Impression/cast

Impression with alginate. The cast is trimmed to a horseshoe shape (both maxillary and mandibular casts) to allow for best adaptation of vinyl material during mouthguard fabrication.

Inspect the cast and remove all bubbles and irregularities.

Use a cast made from an intraoral impression. Do not duplicate a cast - this leads to errors.
Is spacer necessary when fabricating the bleaching mouthguard?

Research demonstrates that spacers are not necessary. In some cases, during the first week of treatment, when spacer is used, the teeth will bleach faster.

For bleaching with Opalescence they recommend spacer.

At the school, to learn how to use spacer and teach your staff in your practice, spacer will be used.
Clinical Protocol

- Use of light cure spacer during mouthguard fabrication

The mouthguard can extend 1 mm past the free margin of the gingiva or be trimmed with a scallop following the free margin of the gingiva.

Graphic courtesy of UltraDent
Clinical Protocol

Fabricate mouthguard (spacer)

The spacer is applied with a thickness of 0.3 mm and then light-cured. The spacer will be a reservoir for bleaching gel.
Clinical Protocol

- Fabricate mouthguard (spacer)

Vacuum the vinyl mouthguard material over the cast with spacer. If the cast is not trimmed as previously described and demonstrated in this graphic, the mouthguard material will not be closely adapted.

Let tray material sag when heated as seen in this photograph.
Clinical Protocol

- Fabricate mouthguard (spacer)

Trim the mouthguard with a sharp scissors. The tray can be trimmed with or without scalloping around the margins. *Scalloping is used with higher concentrations of bleach.*
Clinical Protocol

- Fabricate mouthguard (spacer)

In some cases the vinyl does not adapt well at the gingival Margins after trimming. In these cases gently heat the vinyl with a flame and with a finger wetted with water, adapt the mouthguard (tray) to the cast.
Clinical Protocol

- Fabricate mouthguard (spacer)

With scalloping fits to free gingival margin

Without scalloping extends ½ mm beyond free gingival margin

When scalloping trim below area where spacer is present
Clinical Protocol

- Fabricate mouthguard (spacer)

With the use of the 10% carbamide peroxide, there is no need for scalloping of the mouthguard.
Clinical Protocol

- Try-in mouthguard (bleaching tray)

Verify fit of mouthguard so it is not rubbing the gingival tissues, the tray is fully seated, and the tray seals the gingival areas to contain the bleaching gel.

If the mouthguard fits the cast but is not closely adapted to the teeth in the mouth, **remake** the impression and cast. Remake bleaching tray.
Clinical Protocol

Patient instructions:

- apply bleaching gel into mouthguard filling the tray only 1/3 full.
- HELPFUL HINT: use ¼ of syringe to fill mouthguard
- Put the mouthguard in the mouth and massage the bleach around the teeth.
- Soften bristles of toothbrush under warm water and use the wet toothbrush to remove excess bleaching gel.
Clinical Protocol

Patient returns every 2-3 weeks

- For many patients two weeks of bleaching effects almost 90% of the potential change possible. Usually 4-6 weeks gives the maximal effect. If more bleaching gel is needed the patient will pay a refill charge for more bleaching gel.