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Inside this week

The blue-collar practice

An interview with Dr. Craig Callen

By Robin Goodman, Group Editor

Your seminar is entitled, "The Million Dollar Blue-Collar Practice," is that what you are promoting?

I am not really promoting any one form of practice, just showing that there are several different practice models that can be successful, including a practice in a blue-collar area. You can still have a successful practice and provide quite a bit of cosmetic treatment for your patients in a blue-collar setting. You need to know your market and what it will support. I have seen successful cosmetic boutique practices in small towns, but they are few and far between. Often those practices were transitioned from a traditional family practice.

Do you think that blue-collar practices are more profitable than a high-end cosmetic or reconstruction practice?

Not necessarily more profitable, but more realistic based on the demographics of your area. For instance, in Mansfield we have a median income of $30,000 and a shrinking population base. The manufacturing jobs are leaving and being replaced with lower paying service and retail jobs. While it may be possible for one or two strictly cosmetic practices to prosper in the area, it would be a real marketing challenge. However, gearing your practice toward the blue-collar market and offering a variety of services draws in a larger number of patients, some of who will accept cosmetic dentistry. Everyone seems to be going for the same slice of the pie. Many of our patients start out only concerned about a toothache and end up having their mouth rebuilt when all is done.

What cosmetic services do you offer in your blue-collar practice?

We offer probably the same services in the cosmetic realm as many other practices, such as all-porcelain crowns, no amalgams, bleaching, Invisalign, implants and so on. But we also do a lot of root canal treatment, pedodontics and periodontics. One of the biggest profit centers for us is in the area of esthetic dentures and partials.

We have three or four big denture centers advertising in our area that provide low-cost basic dentures. We market ourselves in the other direction with higher cost, esthetically pleasing and comfortable dentures. I spend a lot of time remaking cases where the denture mills provided less than acceptable results. This has become one of the most rewarding and profitable parts of the practice.

Another economic boost for us has been the use of the Cerec CAD/CAM system in the office. We can easily provide a wide variety of porcelain restorations in under an hour. Consequently, we do a lot more inlays and onlays than we ever did before.

What tools do you use to upgrade your patients treatment to accepting cosmetic dentistry in a blue-collar practice?

We use a variety of materials and equipment to help us educate and motivate our patients. It starts with a nice professional "Smile Analysis

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What is micro-dentistry?

By Tetsuya Hirata, DDS, PhD

Micro-dentistry is one of the new areas in the world of modern dentistry. Many different terms are used. Microscope dentistry, microscope-centered dentistry and microscope-enhanced dentistry are just some expressions that fall under the area of micro-dentistry. It also includes micro-restorative dentist-

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Fig. 1: Micro-prosthodontics can provide less than 30 µm of marginal gap between prosthesis and a prepared tooth.

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BLUE-COLLAR

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Form" they receive in their new patient packet. From there we have a 42-inch flat-screen monitor in our reception room with a custom made Powerpoint presentation on an endless loop that shows our own cases. We have backlit pictures in the hallways and the CASEY Enterprise system in every operatory. We are very high tech, so we have intra-oral TVs connected to the computers in each operatory and we also do quite a bit of digital photography with our Canon camera. The digital X-ray system also helps.

What do you think is key to the success of a blue-collar practice?

That is easy: a great staff. Seriously, you must have a quality, well-motivated, well-paid staff to which you are willing to delegate confidently as much as you possibly can. I only work 26 hours a week at the chair so I need to have staff that can help to make me more productive and effective. You also need a nice facility capable of handling a larger patient flow comfortably and the latest in equipment to make you efficient. Treating patients as you would want to be treated and not hard selling them leads to increasing new patient referrals to supplement those brought in through marketing campaigns.

Do you provide many remakes of dentures for your patients?

Probably most of the dentures we provide for our patients are remakes of their old dentures. Most of the time they were pretty happy with their set of dentures, but they have worn out and the teeth are starting to chip and break. We set up an appointment with our local lab and take reline impressions in their existing set of dentures — the best custom tray you will ever find — and send them to the lab. They pour and mount the models and send the dentures back in a couple of hours.

We also send detailed lab slips along with information on what the patient likes and dislikes about the old dentures. We send pictures and draw out any changes we might recommend. The next step is in a couple of weeks for a try-in. Once the patient accepts the setup, we proceed to the seating appointment. Most of these cases require minimal adjustments. Per hour this is one of the most profitable procedures I provide in my office. The real key to success with dentures is finding a great lab and be willing to pay the price.

Any final thoughts?

Look at the type of practice you have and then decide what you want it to be. If you are there already, great, but if not, put a plan together to realize your dream. Make sure of your demographics and it will be able to support the style of practice you want. If you enjoy a larger practice and staying busy, then learn how to upgrade your patient's treatment to longer lasting, better looking restorations. Surround yourself with the right team with the same vision as you and go for it.

An article on immediate dentures by Dr. Callen can be found in the enclosed edition of Cosmetic Dentistry, on page 23.

UCSF receives $24.4 million to fight early childhood cavities

The UCSF School of Dentistry has received the largest grant in its history: $24.4 million from the National Institutes of Health (NIH) to address socio-economic and cultural disparities in oral health.

The seven-year grant, which is funded through the NIH National Institute of Dental and Craniofacial Research, will enable the UCSF Center to "address disparities in children's oral health" (nicknamed CAN DO) to launch new programs in preventing early childhood tooth decay. The programs will include new research to compare methods to prevent dental caries in children, as well as efforts to integrate and implement current scientific understanding across a variety of primary care and social service settings.

The NIH also tapped UCSF as the Data Coordinating Center for three of the funded centers: UCSF, Boston University and University of Colorado, Denver. These three centers are being collectively called the Early Childhood Caries Collaborative Centers. Each center includes two randomized clinical trials, and all are focused on preventing early childhood caries in different vulnerable, high-risk populations.

"Dental caries is the most common chronic disease among children and it is becoming more prevalent nationwide, disproportionately among children in low-income families and certain minority groups," said John Featherstone, PhD, dean of the UCSF School of Dentistry. "This disease is very difficult and expensive to treat in young children, but it is largely preventable."

The 1999–2004 National Health and Nutrition Examination Survey from the Centers for Disease Control illustrated these disparities in children by race/ethnicity with 42 percent of Mexican American and 32 percent of black children ages 2–5 having decayed or filled teeth, compared with 24 percent of white children.

The new programs will assess the best way to reach susceptible young children and their caregivers to prevent early childhood caries and reduce oral health disparities. Early childhood caries is a particularly devastating form of dental caries in young children. General anesthesia is often required for treatment of early childhood caries, making it an expensive and traumatic condition to treat, said Jane Weintraub, DDS, MPH, professor and chair of the Division of Oral Epidemiology and Dental Public Health at UCSF.

"We need to get out the message that healthy baby teeth are important for children's health and well-being," said Weintraub, who is the principal investigator for the CAN DO Center. "We have an easy, relatively low-cost strategy — fluoride varnish painted on the child's teeth — that helps to prevent teeth from decaying and causing children to have toothaches and difficulty eating, sleeping and speaking."

Weintraub said this funding will enable the UCSF program to forge new partnerships with dental, medical and primary care colleagues, as well as with the federally-funded Women, Infants and Children (WIC) health and nutrition program, to create effective ways of improving children's oral health in non-traditional settings. For further information, visit *www.ucsf.edu*.

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BPA WORLDWIDE

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Is your staff crippling your practice? Or are you crippling your staff?

By Sally McKenzie, CEO

Ignore it long enough and eventually the problem will take care of itself.

That's the old look-the-other-way approach. Just pretend it's not really a concern, and sooner or later those messy matters will just go away. If only that philosophy worked when dealing with employees.

Actually it's more likely that your staff — the good ones anyway — will just go away, and so too will a fair number of the patients, and then there are practice revenues that begin to dwindle as well. While the problems stay put, the profits are taking a pounding. And those "little issues" just keep piling up. Poor performance, conflict, staff vacancy after staff vacancy, stress, tension, etc. all just keep multiplying, but you keep telling yourself that it's just a phase. Everything's going to be fine. I'd like to agree with you, and tell you that you're right, but you're not.

Admittedly, staff issues are a major challenge. You rely on your employees to keep the practice running. You want to trust that they can and will operate in the best interests of the practice. All the more reason you need to look carefully at your team and ask yourself if you really do have confidence in them. Do they uphold the standard of excellence that you have committed yourself to?

Or has your practice become home base for those who simply go along to get along. No new ideas here. Change? Why would we want to do that? Aren't things working just fine? What's the problem with status quo? Bare minimum performance would be the modus operandi for this crew. But you don't want to shake things up because Business Manager Carol knows the computers. She's comfortable and isn't going to go out of her way to strain her brain. She also hasn't had a performance review since … well, who can remember those things.

Needless to say, there's not a lot of incentive for her to step it up, to improve efficiency, to look for ways to reduce costs and increase revenues. Nope she's just there warming the chair and, as far as she's concerned, the dentist should be happy she does that so well. Comfortable Carol sets the tone for the entire staff. They see what she does, or rather, doesn't do. "If she can sit up there and do practically nothing all day, why should I work so hard?" It's the "bare minimum mindset."

You simply cannot afford to ignore staffing issues. They never just go away. They become deeper and more divisive. The results then begin to manifest themselves in poor patient relations and, ultimately, lower profits.

The good news is that most employees sincerely want to perform well. Yes, the Comfortable Carols and never-do-more-than-the-minimum staffs are out there, but most employees — the ones you want to keep — want to be challenged. They want to feel like they are part of something bigger than themselves. And if you'll invest some time and resources to guide your team members, you'll be the first to enjoy the pay off of better performance and higher productivity. What's more, you will learn very quickly if Comfortable Carol and the rest of this lackluster crew are committed to poor performance or if they are simply in need of direction and guidance from you. Here's how.

Don't just fill the position

I know it's nerve-racking to have a vacancy or two in your practice, but curb the urge to hire any warm body off the street. Make sure the person you are considering is right for the position before she is another name on your payroll. Computerized Internet testing tools, such as those available through McKenzie Management, allow you to assess applicants to determine who would be the best match for both the job and the practice.

The procedure is simple. Once you have a couple of strong contenders for a job, the applicants answer a list of questions online. Just minutes later, you receive a statistically reliable report enabling you to determine if the candidate would be a good match for the position. It's a scientifically-based tool you can rely on in making critical hiring decisions. And in the dental practice, every hire is critical.

Don't leave them hanging

I know you think they should have

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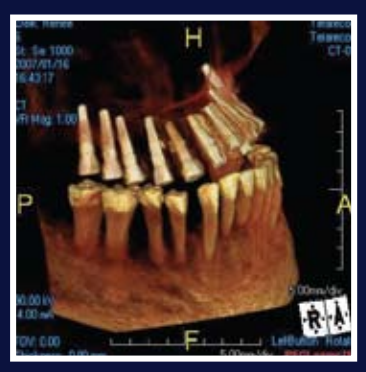

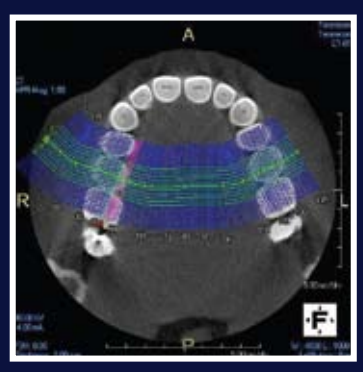

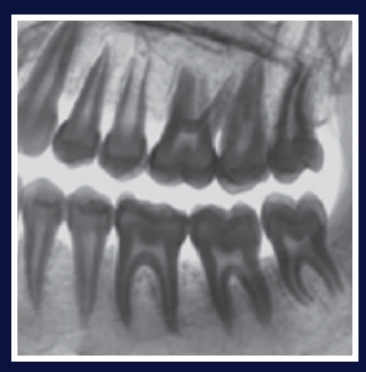

CRIPPLING

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figured this one out by now, but have you ever actually told your employees what their job duties are? With input from your team, develop job descriptions for each team member. Define the job that each staff member is responsible for performing. Specify the skills the person in the position should have. Outline the specific duties and responsibilities of the job. Include the job title, a summary of the position and its responsibilities, and a list of job duties. This can be both a real eye opener and the ideal tool to spell out to employees exactly what is expected of them.

Don't make them guess

How am I supposed to answer the phone? How am I supposed to ask for payment? How am I supposed to encourage treatment acceptance? How am I supposed to schedule for production? Train every member your team. Betsy may have worked in a dental practice before, but that doesn't mean she knows your practice protocols. Train her. Joe may be great with patients one-on-one, but he may hate dealing with people on the phone. Get him help; otherwise he will unknowingly cost you a fortune in lost patients.

Don't expect results ...

Don't expect results if you don't set goals and monitor performance. Everyone — from the dentist to the person greeting patients when they walk in the door — needs measurable goals. It is essential to have general practice goals, production goals, continuing education goals, etc. for everyone and every area of the practice.

The goals you and your team establish should be specific. For example, if you want to produce $80,000 in dentistry each month, your scheduling coordinator needs to know this. She/he also needs a clear understanding of how to schedule to meet daily production goals.

In addition to clear and specific goals, it's time to inspect what you expect. Used effectively, employee performance measurements and reviews provide critical information that is essential in your ability to make major decisions regarding personnel, overhead, management systems, and practice productivity overall.

Moreover, they enable you to identify if it's lack of motivation or the absence of direction that has created the perfect environment for Comfortable Carol and her equally unambitious companions. The fact is that most dental employees seek to be challenged, to be given the opportunity to pursue innovative approaches in their work, to be appropriately rewarded for results, and yes, to be held accountable.

As we have seen time and again, employees rated against objective measures place more trust and confidence in the process. They also see the direct relationship between their performance, the success of the practice and ultimately their potential for individual achievement.

Don't keep it all to yourself

Reward your team. Celebrate success and encourage each member of your staff to not just perform a task, but to excel. Inspire the team with a practice vision and goals, and recognize the progress you make together in achieving those goals.

About the author

Certified Management Consultant Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its Web site, *www.mckenziemgmt.com*. In addition, the company offers a vast array of Practice Enrichment Programs and team training. McKenzie is the editor of the e-Management newsletter and The Dentist's Network newsletter, sent complimentary to practices nationwide. To subscribe, visit *www.mckenziemgmt.com* and *www.thedentistsnetwork.net*. McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenziemgmt.com.

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It's not always about you

By Louise Malcmacher, DDS

Every dentist that I meet thinks that for some reason he or she is a master advertiser and marketer. The dental ads you see primarily are basically a cheap thrill ego trip where the dentist's face is plastered all over the ad and the copy reads about how absolutely wonderful the doctor is.

I have a simple lesson that I would like to teach you about marketing to consumers that I hope you will take to heart. The American public, the average consumer, your patient, at the end of the day, does not care about you, your education, your car, your clothes, your house, your kids or your life. Your patients care about themselves! If they are coming to you for treatment for anything, it is in order to make themselves look and feel better, not to make you look and feel better.

Let's learn together some examples of where dental marketing should be from the leaders in dental advertising and marketing to consumers. Right now the two best-known dental companies known to consumers are 1-800-DENTIST and the Lumineers Smile Discovery Program.

Lesson No. 1

The first lesson to learn from both of these companies as they advertise to the American consumer is the lesson of branding. People recognize their names as soon as they hear them and they understand the purpose of what they do. Most dentists think that their personal name is the brand of their office. You couldn't be more wrong. We branded our office 25 years ago by calling it The Healthy Smile. Everyone in our community knows the name, The Healthy Smile, because of our external marketing efforts. Come up with a good branded name to help patients remember who you are and what you do.

Lesson No. 2

The second big lesson we can learn is to identify what patients want first and advertise to their needs and wants, not to yours. Their No. 1 concern is themselves. If a patient needs a dentist today for an emergency or needs a simple cleaning for a month from now, 1-800-DENTIST can help him or her find that dentist. The Lumineers Smile Discovery Program advertises to what the patient wants, which is minimally invasive, no pain esthetic dentistry, with little or no anesthesia.

Lesson No. 3

The third lesson we can learn from both of these companies is how to talk to patients and how to treat them when you have them on the phone. Our office recently received referrals from both of these programs. The patients came in with this independent referral in both cases, which was very meaningful to the patient. They had never met the people they had spoken to but were still told how wonderful our office is. Treatment acceptance is then so easy once a referral like that comes into the office.

Going beyond

There is a lot more to external marketing than what has been presented here. An esthetic Web site is essential for every dental practice. You should be outsourcing your Web site to a company that has well prepared modules that you can just add your name and address to. We looked at about 15 different companies before deciding on Prosites, which is a Web site company that came from the plastic surgery field. They provide some of the esthetic Web sites in dentistry at a reasonable cost. You can visit *www.prosites.com/smile* for their meeting specials.

With a soft economy, external marketing is even more important than ever. You need to do everything you can to get new patients into your office without wasting your money. External marketing takes time, money and the ability to try different things. I sincerely recommend outsourcing and carefully evaluating most of your external marketing to companies that can do it much better than we dentists can ourselves. Hopefully, this article gave you a little insight as to what is involved in doing a great job to help you create the practice of your dreams.

About the author

Louis Malcmacher is a practicing general dentist in Bay Village, Ohio, and an internationally known lecturer, author and dental consultant known for his comprehensive and entertaining style. An evaluator for Clinicians Reports (formerly Clinical Research Associates), Malcmacher has served as a spokesman for the AGD and is a consultant to the Council on Dental Practice of the American Dental Association. He works closely with dental manufacturers as a clinical researcher in developing new products and techniques. For close to three decades, Malcmacher has inspired his audiences and consulting clients to truly enjoy doing dentistry by providing the knowledge necessary for excellent clinical and practice management. His group dental practice has maintained a 45 percent overhead since 1988. You can contact him at (440) 892-1810 or e-mail dryowza@mail.com. You can also see his lecture schedule at *www.commonsensedentistry.com* and sign up for his affordable monthly consulting programs, teleconferences, audio CD's and free monthly e-newsletter.

MICRO-DENTISTRY

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ry, micro-prosthodontics (Fig. 1), micro-preventive dentistry, minimal-intervention dentistry, micro-orthodontics, micro-implantology, etc., and the more well known micro-endodontics and periodontal microsurgery (Figs. 2, 3). Yet this is totally different from the group that uses micro-abrasion systems. Keywords in the area of micro-dentistry are magnification, resolution, illumination, ergonomics, visual guidance and micro-instruments.

Magnification

Magnification in micro-dentistry is achieved through high quality lenses, not digital zooming. Digital zooming would not increase the amount of information acquired first through its digital processing. Microscopes are the gold standard magnifier in the area of micro-dentistry. At first, we used microscopes popular in the medical fields of ophthalmology or plastic surgery. However, procedures in dentistry have many differences compared to surgery done in the medical field.

Microscope manufacturers spent a lot of time and effort perfecting dental microscopes. Just as desktop computers still have many aspects that require users to choose a particular software or hardware, dental microscopes also have several points that require dentists to do the same. Recent innovative new technology makes it possible that several visual enhancing systems are coming upon the stage as second-generation magnifiers in the field of micro-dentistry. This year, a third-generation system might come into the field. I look forward to the increased competition as this would give users more high-quality machines and make the price more attractive for others to adopt the use of microscopes.

Resolution

Resolution plays a most important role. Our naked eye cannot identify, for example, 72 dpi (dots per inch). By looking through a microscope, you can identify more than 350 dpi! Unfortunately, dental loupes are not able to give us such a high-resolution view. The working field used in micro-dentistry is not two-dimensional, it is three-dimensional. If resolution is increased 10 times and uses 10 times the magnification, the final number would be 1,000,000 times (10 x 10 x 10 x 10 x 10 x 10), when we can see the inside or backside.

On the other hand, in 2-D it would be 10,000 times. The information number difference between 2-D and 3-D would be 990,000. As long as we cannot see through anything, the realistic number would be a 50,000 times difference. However, we dentists know the inside structure through education and experience and that this number would be even greater.

Fig.2: Micro-PLV with periodontal microsurgery (Dr. Masayuki Okawa).

Illumination

Illumination can give us a brighter and clearer field view. The more light moves to blue, the higher the resolution is for the human eye. That is the reason why recently a lot of dental microscopes have begun to use a xenon or metal-halide light source, which is especially important for those dentists who want to take a nice photo in micro-endodontics. Halogen light, which is darker than xenon or metal-halide, is still used in micro-dentistry because it is soft to the human eye and its yellowish color allows increased concentration for dentists. There is also a LED (light emitting diode), yet a microscope would not use this light because it spreads, but there are those using it for the visual enhancing systems because it is bright enough and lasts longer.

Ergonomics

Many dentists have started to retire because of serious backaches. The backache comes from bad posture during dental procedures. Right-handed dentists usually lean their bodies to the right side to see the object directly via their eyes rather than through the reflection of a mirror. Micro-dentistry not only provides dentists excellent ergonomics, but also provides patients excellent ergonomics during the procedure as well. When patients can receive treatment in a comfortable position, their satisfaction for the dental treatment will increase.

Visual guidance

Without visual guidance, dental treatment would be as a regular dental procedure under high magnification, high resolution and brighter illumination. Regular treatment is usually performed with one's tactile guidance (the sense of touch) of one's arms, hands, wrists and fingers. Using one's visual sense gives a person much more information and at a faster rate of information to the human brain compared to that of the sense of touch.

Try this: close your eyes and have a friend put an object in your hand that you have to determine what it is only by using your sense of touch. It will likely take you a few minutes to correctly identify the object. However, if you open your eyes and watch the object being placed in your hand, you will immediately send the information about the shape of the object to your brain much more quickly and exactly. This simply illustrates the difference between the amount of information and the speed with which it travels to the brain when using tactile guidance vs. visual guidance.

In micro-dentistry, working under visual guidance is the key. It gives us more precise movement and results in better fitting, suturing, cutting, prepping, shaping, filling, etc. Once one masters working with enhanced visual guidance, one can achieve better results without any magnification or visual enhancing devices. However, to achieve the ability to work under the visual sense takes a lot of time in training and self-criticism.

The learning curve of this will be like the following:

1. Learning and getting information through lectures or books.
2. Trying with whatever magnifier one has and self-evaluating.
3. Learning more.
4. Purchasing a better magnifier or visual enhancing devices suitable for one's needs.
5. Working with the new magnifier or visual enhancing devices and self-evaluating.
6. Showing the case to others and getting their insightful evaluation/feedback.

Continuous training, self-evaluation, and getting feedback from others will give you a better result and there is no end to what you can learn by employing such an approach. However, if you decide you've learned enough, you not only do yourself but your patients a disservice.

Micro-instruments

Micro-instruments were first developed in the area of micro-endodontics. Nowadays, many kinds of micro-instruments are available in many fields in micro-dentistry. Regular sized instruments are too big for micro-dentistry (Fig.4).

Conclusion

Some might need more information or scientific articles to begin micro-dentistry on their own. One place to start is to attend an annual or bi-annual meeting of micro-dentistry, which are held all over the world. That might be the best place to begin in order to get more information. The Academy of Microscope Enhanced Dentistry plans to launch an official journal of micro-dentistry, so that would help educate anyone interested in the field.

Fig. 3: Just after ridge augmentation was performed with a connective tissue graft (Dr. Kunio Matsumoto).

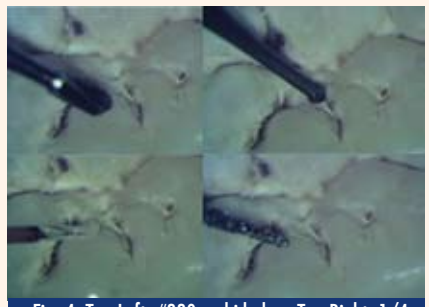

Fig. 4: Top Left: #330 carbide bur. Top Right: 1/4 round bur. Bottom Right: diamond bur. Bottom Left: 200 µm laser tip. Too big for the cavity.

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(Item #0203)

Buy Three 30g Bottles,
Get a FREE 30g Bottle
(Item #0211)

Submit this advertisement when ordering to receive special.

- Non-injectable
- $2 for a full mouth application
- 14g bottle yields up to 34 full mouth applications
- New unique dispenser cap for Luer-lock syringes
- Measure and use only what you need – no waste**
- Onset within 30-60 seconds and duration typically 30-60 minutes

Cetacaine's triple-active formula is ideal for scaling and root planing, providing patients with effective non-injectable, cost-effective anesthesia.

Cetacaine Topical Anesthetic Liquid Kit contains:
- 14g bottle of Cetacaine Topical Anesthetic Liquid with a new unique dispenser cap
- 20 Vista™ 1.2mL Luer-lock syringes
- 20 Vista-Probe™ 27ga tips

All items in this kit are also available for individual purchase. Please contact your dealer for details.
For more information visit www.cetylite.com or call 800.257.7740.

* To receive free product send a copy of dealer invoice dated no later than 4/1/09 along with advertisement to Cetylite Industries, Inc. via mail to 9051 River Rd., Pennsauken, NJ 08110 or fax to 856.665.5408 by 4/15/09. This offer is not redeemable for cash. Promo code:**DTYDM09**

**Cetacaine Liquid in excess of 0.4mL per office visit is contraindicated

CETYLITE INDUSTRIES, INC.
PIONEER LEADER VISIONARY

VISTA Dental Products

Active Ingredients: Benzocaine 14.0 %, Butamben 2.0 %, Tetracaine Hydrochloride 2.0 %
Hypersensitivity Reactions: Unpredictable adverse reactions (i.e. hypersensitivity, including anaphalaxis) are extremely rare. Localized allergic reactions may occur after prolonged or repeated use of any aminobenzoate anesthetic. The most common adverse reaction caused by local anesthetics is contact dermatitis characterized by erythema and pruritus that may progress to vesiculation and oozing. This occurs most commonly in patients following prolonged self-medication, which is contraindicated. If rash, urticaria, edema, or other manifestations of allergy develop during use, the drug should be discontinued. To minimize the possibility of a serious allergic reaction, Cetacaine preparations should not be applied for prolonged periods except under continual supervision. Dehydration of the epithelium or an escharotic effect may also result from prolonged contact.
Precaution: On rare occasions, methemoglobinemia has been reported in connection with the use of benzocaine-containing products. Care should be used not to exceed the maximum recommended dosage (see Dosage and Administration). If a patient becomes cyanotic, treat appropriately to counteract (such as with methylene blue, if medically indicated).
Use in Pregnancy: Safe use of Cetacaine has not been established with respect to possible adverse effects upon fetal development. Therefore, Cetacaine should not be used during early pregnancy, unless in the judgement of a physician, the potential benefits outweigh the unknown hazards.
Contraindications: Cetacaine is not suitable and should never be used for injection. Do not use in eyes. To avoid excessive systemic absorption, Cetacaine should not be applied to large areas of denuded or inflamed tissue. Cetacaine should not be administered to patients who are hypersensitive to any of its ingredients or to patients known to have cholinesterase deficiencies. Tolerance may vary with the status of the patient. Cetacaine should not be used under dentures or cotton rolls, as retention of the active ingredients under a denture or cotton roll could possibly cause an escharotic effect. Routine precaution for the use of any topical anesthetic should be observed when using Cetacaine.