

Heka Dental - calm, concentrated, focused...

Herluf Skovsgaard talks about his ergonomics and four-handed dentistry

After your three days at the BDTA Showcase, what do you see are the biggest differences between UK and Danish/European Dentistry?

The biggest difference seems to be that UK dentists mainly work with the dental unit instruments (delivery system, as you call it) placed at the right side of the patient. This is far away from the working field in the patient's mouth. This position is analogous to placing a car's gearstick behind the driver, in between the backseats.

What are the disadvantages of using an instrument delivery system on the right side of the patient?

The disadvantages become obvious when you understand that our work needs both concentration and precision; disturbances to this should be avoided.

The objective of a dentist's work should be to work with undisturbed concentration on the working field, without having to look or reach away. This is not possible with an instrument delivery system on the right side of the patient.

First, when the dentist is working in the 9 o'clock position, looking at the patient's teeth from the right side, the unit's instruments are placed almost behind them. Secondly, the unit's instruments cannot be reached by the assistant in order to be prepared and transferred by them to the dentist. The assistance is therefore "amputated" and the dentist has to look and reach away to pick up and place the instruments back - regardless of the dentist's working position.

Where should the units' instruments be placed?

The units' instruments should be placed centrally in a balanced delivery system over the patient, between the assistant and dentist, allowing the workflow to be improved.

Then, from any sitting position (9, 10, 11, 12 o'clock), the dentist can pick up the unit's instruments with a finger using their peripheral vision, without having to look away from the patient's mouth.

Secondly, the assistant can change contra-angles, mount burs and diamonds, use the 3-in-1 syringe and pass the unit's instruments to the hand of the dentist.

Finally, the unit's instruments can be supported balanced, so that the dentist's hand is liberated from carrying all the instrument's weight in his hand, thus aiding precision.

What is the reaction of the

patient to a centralised instrument delivery system?

When the patient is lying down the unit's instruments cannot be seen by the patient.

However, the dentist's head is very visible. When the dentist

is working traditionally, their head and eyes will move back and forth over 100 times while making a composite-filling, for example. The patient perceives this as disturbing and distracting, because it appears that the concentration cannot be held; this

is not "calming" for the patient.

However, when working with a central instrument delivery system, the patient perceives a concentrated, calm and

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relaxed dentist who does not lose attention. Well-trained teamwork communicates professionalism to the patient.

Do you have a comment on why dentists in the UK use a delivery system on the right side?

As there is no practical, ergonomic or psychological reason, the reason for using a side delivery system must be historical,

and probably because instrument holders for side delivery systems are more easily manufactured. Obviously this position has not been challenged and the value of alternatives demonstrated.

The cheap to produce side delivery systems were used in Scandinavia, too, until about 1975, when, among others, I became very active in promoting the benefits of using balanced centrally located instruments. As a result,

the “old habits” were left behind and replaced by new “working systems”, which allow relaxed concentration on the patient.

These principles are now generally accepted in continental Europe, except in Germany, where the strong German dental industry still try to promote 50-year-old traditional habits in competition with “modern” ergonomics.

What do you consider are the most important benefits of

working in a more ergonomic way for the dental team?

The most important benefit is the enhanced ability to maintain undisturbed concentration on the work in the patient’s mouth. Plus the opportunity to relax and see your hands’ precise and fast movements more easily, and be much less tired.

I believe the less the dentist needs to do, and the more the clinical assistant can do, the more ef-

ficient and profitable the practice will be because it will save time. Time to either earn more money or enjoy more leisure time and, perhaps more importantly still, reduce stress. At the same time, the increased competence and importance of the assistant increases their interest and engagement too.

What is more, working with a more ergonomically efficient surgery layout will pay for itself, because time equals money!

What are the ergonomic benefits of working four-handed?

Working successfully with an assistant, four-handed dentistry enables the dentist to operate with undisturbed concentration on the work at hand.

The assistant uses their left hand to take a hand instrument from the instrument tray, which is ideally positioned between the dentist and the assistant. The instrument is extended out toward the dentist, who does not need to look away from the patient’s mouth. The assistant then takes hold of the suction tip and simultaneously moves the three-in-one syringe forward for use by the dentist, if required. The cavity can now be rinsed and dried.

The assistant keeps the mirror dry and free from condensation by blowing air on it, allowing the dentist to see when working with the mirror and spray.

The dentist can easily switch between using the handpiece and hand instruments as appropriate. This enables the dentist to focus on the task at hand without looking or reaching away.

When the patient is lying down, visual access to the patient’s mouth is good for the dentist as well as the assistant. Instead of twisting themselves, dentists can work in the midline (mediosagittal plane) of their body and change working position between 9 and 12 o’clock according to the line of sight and orientation of the surface or cavity of the tooth on which they are working. [DT](#)



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