

SYNAPSE

DENTAL PAIN ERASER



NEW WAVE OF PAIN MANAGEMENT

Immediate • Drug-free • Affordable • Portable • User-friendly

Clinical Experiences from Hygienists

www.dentalpaineraser.com

DENTAL PAIN ERASER

The patented, proven delivery method for dental pain relief

The Dental Pain Eraser is a NEW pen-shaped, sub-sensory, electrical Pulse-Wave device that will provide a new “wave” of how we deliver care in the dental field. Offering patients, an immediate, drug-free manner of pain relief, and improved comfort of oral care delivery will **revolutionize how you practice**, and usher in an **exciting new age of in-office and at-home oral care**.

The Dental Pain Eraser has even been called “magical” in its ability to **make appointments more efficient**, reducing costs by reducing the length of appointments or number of appointments needed for a procedure, reducing the cost of having and using many products that used for topical anesthesia or dental thermal hypersensitivity or general soft tissue/dental pain, and increasing safety of procedures by making the clinical field of use safer (for example clinician’s use of sharp instruments with slippery gels, topical and other modes of pain relief and glove use). Most importantly, the Dental Pain Eraser has **increased patient satisfaction**, reversing the common correlation of our field with pain.

The Dental Pain Eraser is a device that once the clinician diagnoses the point of discomfort, and understands the underlying anatomic pathway, they are able to deliver a noninvasive, safe and effective sub-sensory Pulse-Wave to the site of discomfort. Our sensory nerve endings are so acute, and in large number in the oral cavity, that once the clinician begins to use the concepts of “cascade blocking” and direct nerve blocking, they will truly appreciate the invaluable use of the Dental Pain Eraser.

Understanding “cascade blocking” and direct nerve blocking is critical. Once the clinician blocks a certain segment of nerves designed to detect a pain event, they block the cascade of exponential other nerves or biological processes down the communication path that are signaled to assist in “firing up” the response.

This is in combination with a new understanding of the complex anatomic sensory response of odontoblasts, pulpal sensory communication, vascular/nerve interwoven framework and central nerve adaptation, has opened a new realm of providing patients with an **incredible, positive, and comfortable in office experience**, and a new way of managing pain at home.

Welcome to the Dental Pain Eraser, the **New Wave of Pain Management!**

ROUTINE PROPHYLAXIS COMPLAINT: Generalized sensitivity to air/water syringe use

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal and lingual gingival/mucosal tissues in a slow and methodical manner following the long axis of the tooth for approximately 10-20 seconds per surface.
- 6 For greatest control of variations in sensitivity, apply the Dental Pain Eraser in a quadrant by quadrant fashion. Note: Due to individual patient variations, certain quadrants may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/ variations.

PATIENT EXPERIENCE/OUTCOME

Prophy completed using air/water syringe, saliva ejector and Cavitron with no complaint of sensitivity. Patient very satisfied and left the office unafraid to return in 6 months.

ROUTINE PROPHYLAXIS COMPLAINT: Localized sensitivity with scaling 14-B Application

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal gingival/mucosal tissues in a slow and methodical manner following the long axis of the tooth for approximately 10-20 seconds per surface.
- 6 For greatest control of variations in sensitivity, apply the Dental Pain Eraser in a quadrant by quadrant fashion. Note: Due to individual patient variations, certain procedures may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/variations

PATIENT EXPERIENCE/OUTCOME

Completion of prophylaxis with both hand and ultrasonic instruments. Patient was pleasantly surprised at the relief and intrigued by the technology of the Dental Pain Eraser. At her continuing care appointment - when I asked if she had any questions before starting - she asked if I still had the magic wand! SUCCESS!

SCALING AND ROOT PLANE COMPLAINT:

Patient had meeting after appointment and expressed that they would rather not be numb

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal and lingual gingival/mucosal tissues in a slow and methodical manner following the long axis of the tooth for approximately 10-20 seconds per surface.
- 6 For greatest control of variations in sensitivity, apply the Dental Pain Eraser in a quadrant by quadrant fashion. Note: Due to individual patient variations, certain quadrants may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/ variations.

PATIENT EXPERIENCE/OUTCOME

Patient is satisfied with sensitivity relief during the procedure and very grateful to be able to speak properly at their meeting.

PROPHYLAXIS COMPLAINT:

Residual cement lodged under 19-B from recent placement of crown - extremely sensitive to touch (pt would touch her cheek and wince)

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal gingival/mucosal tissues of tooth #19 in a slow and methodical manner following the long axis of the tooth for approximately 10-20 seconds.
- 6 For greatest control of variations in sensitivity, apply the Dental Pain Eraser in a quadrant by quadrant fashion. Note: Due to individual patient variations, certain procedures may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/variations.

PATIENT EXPERIENCE/OUTCOME

Pain relieved, scaling of residual cement completed, patient experienced pain relief within seconds and was able to touch her cheek and not feel discomfort in the area of tooth #19.

SCALE AND ROOT PLANE COMPLAINT:

6mm pocketing on teeth #6 and #11 with calculus and friable tissue / teeth needed to remain for partial denture retention

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- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal and lingual gingival/mucosal tissues in a slow and methodical manner apply probe tips around all root surfaces and affected tissue around teeth #6 and 11 for 1 minute each tooth.
- 6 Due to individual patient variations, certain procedures may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/variations.

PATIENT EXPERIENCE/OUTCOME

Procedure completed with no complaint of sensitivity. Patient is baffled by the technology.

CHEMO/RADIATION COMPLAINT: Discomfort While Eating and Drinking / Ulcers/Sores

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- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 For tooth sensitivity, simultaneously placing both probes on the buccal and lingual gingival/mucosal tissues in a slow and methodical manner following the long axis of the tooth for approximately 10-20 seconds per surface.
- 6 For soft tissue sore/ulcer pain relief, simultaneously apply both probes in a circular manner around the ulceration/sore in a slow and methodical manner for approximately 20 seconds (AVOID DIRECT CONTACT OF THE SORE/ ULCERATION).
- 7 For greatest control of variations in sensitivity, re-application of the Dental Pain Eraser may be necessary due to anatomic variability and neural response/pathway.
- 8 Take home detailed instructions for use by the patient- The greatest benefit of the Dental Pain Eraser is in its use at home by patients experiencing medical side effects of medication for cancer or other medical treatment. Observe patient application and understanding of method of pain relief in steps 1-7.

PATIENT EXPERIENCE/OUTCOME

Patient reported relief and the ability to drink and eat without discomfort. He appreciated the take-home aspect as he could carry it with him and re-apply as needed. It made his recovery more tolerable. He appreciated the technology and the ease of use and of course the relief!

CLASS 1 RESTORATION COMPLAINT:

Patient was accustomed to getting local anesthesia for a filling needed on tooth #30 and was skeptical about the Dental Pain Eraser but was willing to try it on her DDS' recommendation

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- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Application is best used in a four handed dentistry approach. The assistant places both probes on the buccal gingival/mucosal tissues in a slow and methodical manner following the long axis of the tooth #30 for approximately 30 seconds. The assistant then keeps contact on the buccal surface of the tooth using it to retract the cheek, and providing access for the doctor during the caries removal and restoration of the tooth.
- 6 Careful, light, continuous contact on the buccal surface of the tooth is critical during the procedure to ensure that the "sensory blocking" potential is maintained throughout the caries removal and restoration of tooth #30.

PATIENT EXPERIENCE/OUTCOME

Caries removal of moderate Class I cavity and restoration completed with no need for local anesthesia. Patient is amazed that they did not have to be anesthetized and have the terrible numb feeling.

PALATAL NEEDLE INJECTION: Clinical use of Dental Pain Eraser to Block Severe Pain of Palatal Injections

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 The clinician applied the two probes to the site on the palate that the needle injection will be placed for 60 seconds prior to injection. Immediately apply the local anesthesia injection at the site between the two probe marks. You will immediately note the normally experienced severe pain from soft tissue expansion in the light tissue against the palate (pressure pain), does not occur.

PATIENT EXPERIENCE/OUTCOME

Patient experienced much less sensitivity to application of what normally is a very painful injection.

Orthodontic Pain Prior To and During Scale and Root Plane

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal and lingual gingival/mucosal tissues in a slow and methodical manner following the long axis of the tooth for approximately 10-20 seconds per surface.
- 6 For greatest control of variations in sensitivity, apply the Dental Pain Eraser in a quadrant by quadrant fashion. Note: Due to individual patient variations, certain quadrants may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/ variations.

PATIENT EXPERIENCE/OUTCOME

Patient was not sure if they were to keep the cleaning appointment due to soreness of orthodontic pain. The Dental Pain Eraser made the appointment amazing, saving the rescheduling of a time slot and the patient was extremely satisfied.

Severe Cold Sensitivity Complaint during Scale and Root Plane

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal and lingual gingival/mucosal tissues in a slow and methodical manner following the long axis of the tooth for approximately 10-20 seconds per surface.
- 6 For greatest control of variations in sensitivity, apply the Dental Pain Eraser in a quadrant by quadrant fashion. Note: Due to individual patient variations, certain quadrants may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/variations.

PATIENT EXPERIENCE/OUTCOME

Normally the dental hygienist has to perform quadrant care with local anesthesia or topical gels. The patient has to be scheduled over several appointments. The Dental Pain Eraser made the appointment amazing, saving the need to schedule multiple appointments, reducing the need for a numb feeling, improving the safety profile of the procedure by reducing slippery gel. Patient now looks forward to coming for routine follow ups.

Post surgical or restorative pain management: In office and at home management of trauma, surgery and dental procedure pain

Steps 1-5 are completed in preparation for individual instruction by the clinician for home use by the patient.

- 1** Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2** Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3** Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4** In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of an intact tissue around an ulcer/sore).
- 5** For dental post procedural sensitivity, simultaneously placing both probes on the buccal and lingual gingival/mucosal tissues in a slow and methodical manner following the long axis of the tooth for approximately 10-20 seconds per surface.
- 6** For soft tissue suture, sore/ulcer pain relief, simultaneously apply both probes in a circular manner around the suture/ulceration/sore in a slow and methodical manner for approximately 20 seconds (AVOID DIRECT CONTACT OF SUTURE, SORE/ ULCERATION).
- 7** For greatest control of variations in sensitivity, re-application of the Dental Pain Eraser may be necessary due to anatomic variability and neural response/pathway.
- 8** Take home detailed instructions for use by the patient- The greatest benefit of the Dental Pain Eraser is in its use at home by patients experiencing post procedural pain relief following surgery, large restorations or implant placement. Observe patient application and understanding of method of pain relief in steps 1-7.

PATIENT EXPERIENCE/OUTCOME

Patient reported a significantly better dental and surgical experience from in the past. They did not need to use any opioid medication or NSAIDS to relieve pain. They appreciated the technology, the ease of use, and of course the relief! This also reduced the amount of post procedural emergency calls.

POST PROCEDURAL EMERGENCY COMPLAINT:

Patient presented with severe localized pain the next day following extraction, bone graft and suture placement on tooth #20 area (unscheduled emergency).

To be performed by dental hygienist, dental assistant

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal gingival/mucosal tissues of tooth #20 in a slow and methodical manner following the long axis of the tooth for approximately 2 minutes.
- 6 For greatest control of variations in sensitivity, apply the Dental Pain Eraser in a quadrant by quadrant fashion. Note: Due to individual patient variations, certain procedures may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/variations.
- 7 Take home detailed instructions for use by the patient- The greatest benefit of the Dental Pain Eraser is in its use at home by patients experiencing post procedural pain relief following surgery, large restorations or implant placement. Observe patient application and understanding of method of pain relief in steps 1-7.

PATIENT EXPERIENCE/OUTCOME

Patient experienced significant pain relief noting that the pain went from a level of 9 out of 10 to 2 out of 10. Patient was very happy they were able to be seen and able to take unit home for follow up pain relief until they are able to be seen by the dentist in 2 days.

CRACKED TOOTH EMERGENCY COMPLAINT:

Patient presented with severe localized pain tooth #3 to the point where no OTC pain medication could manage until seeing dentist (unscheduled emergency)

- 1 Place a protective barrier on the unit only exposing the two probes at the end of the Dental Pain Eraser.
- 2 Depress the large blue ON/OFF button of the top of the Dental Pain Eraser for 1 second.
- 3 Ensure a blue light starts to blink on the back clear cap portion of the unit- that indicates the Dental Pain Eraser is ready to be applied.
- 4 In all scenarios - both probes tips must be placed simultaneously contacting on soft or hard tissue of the oral cavity. (i.e. gingival and mucosal tissue, intact enamel, dentin or cementum of the tooth surface, or the circumference of on intact tissue around an ulcer/sore).
- 5 Simultaneously placing both probes on the buccal gingival/mucosal tissues of tooth #3 in a slow and methodical manner following the long axis of the tooth for approximately 2 minutes.
- 6 For greatest control of variations in sensitivity, apply the Dental Pain Eraser in a quadrant by quadrant fashion. Note: Due to individual patient variations, certain procedures may require re-application of individual or sections of teeth due to increased exposure of root surface, or anatomic defects/ variations.
- 8 It is beneficial is time savings and as an educational /procedural tool, to educate and show the patient how to apply the Dental Pain Eraser to tooth #3 on their own until pain relief is achieved. This both shows the patient how to use it at home, free up time clinically in the office, and allows for use up to 10 minutes of application.
- 8 Take home detailed instructions for use by the patient- The greatest benefit of the Dental Pain Eraser is in its use at home by patients experiencing follow up recurring pain relief while waiting to see a referred oral surgeon or specialist. Observe patient application and understanding of method of pain relief in steps 1-7.

PATIENT EXPERIENCE/OUTCOME

Patient experienced significant pain relief noting that the pain went from a level of 9 out of 10 to 2 out of 10. Patient was very happy they were able to be seen and able to take unit home for follow up pain relief until they are able to be seen by the specialist the next day.