

## A Non-Aerosol Caries Treatment Option: Silver Diamine Fluoride (SDF)



**Course Author(s):** Jeanette MacLean, DDS, DABPD, FAPPD

**CE Credits:** 1.5 hours

**Intended Audience:** Dentists, Dental Hygienists, Dental Assistants, Office Managers, Dental Students, Dental Hygiene Students, Dental Assistant Students

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**Last Revision Date:** N/A

**Course Expiration Date:** 09/30/2023

**Cost:** Free

**Method:** Self-instructional

**AGD Subject Code(s):** 430

**Online Course:** [www.dentalcare.com/en-us/professional-education/ce-courses/ce633](http://www.dentalcare.com/en-us/professional-education/ce-courses/ce633)

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- Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

### Conflict of Interest Disclosure Statement

- Dr. MacLean nor members of her immediate family have any financial interests to disclose relating to the content of this presentation. She has no conflicts of interest associated with this course.

### Introduction – Silver Diamine Fluoride

This course will discuss the science and clinical use of silver diamine fluoride (SDF) for dental desensitization and caries arrest. A brief review of the literature and basic clinical application protocol will be reviewed.

## Course Contents

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## Overview

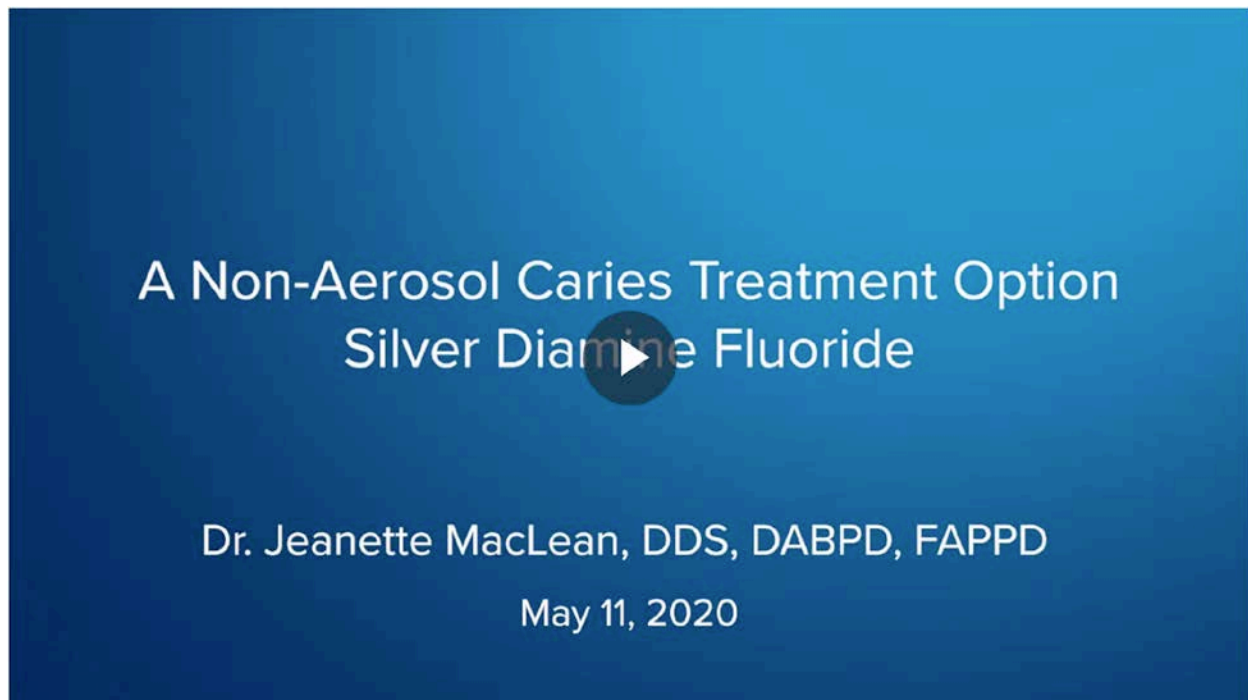
Silver diamine fluoride (SDF) is a revolutionary approach to combating caries in a non-invasive manner. Following a widely publicized 2016 feature in the New York Times, there has been tremendous interest surrounding the use of SDF from patients and dentists. In October 2018, the ADA released its first ever evidence-based clinical practice guideline for nonrestorative treatments for carious lesions, including SDF. The COVID-19 pandemic has raised concern for managing aerosols in the dental setting. SDF represents an aerosol-free treatment option, which can be done without the use of compressed air/water syringes or hand pieces. Learn the principles of case selection, informed consent, treatment planning, and a clinical protocol for SDF. Find out how offering minimally invasive options like SDF can attract new patients, improve patient satisfaction, and increase internal marketing and word of mouth referrals to your practice.

## Learning Objectives

**Upon completion of this course, the dental professional should be able to:**

- Describe the evidence for using SDF to treat and prevent dental caries.
- Review informed consent, coding, and billing of SDF.
- Describe case selection, materials, and a clinical protocol for SDF.

## Video: Silver Diamine Fluoride



[Click on image to view video online.](#)

## Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: [www.dentalcare.com/en-us/professional-education/ce-courses/ce633/test](http://www.dentalcare.com/en-us/professional-education/ce-courses/ce633/test)

- 1. According to the literature, SDF arrests approximately what percentage of carious lesions?**
  - A. 100%
  - B. 80%
  - C. 50%
  - D. 25%
- 2. Which of the following is a contraindication for SDF treatment?**
  - A. Irreversible pulpitis
  - B. Cavitated lesions
  - C. Incipient lesions
  - D. Root caries
- 3. What is the pH of Advantage Arrest 38% SDF?**
  - A. 13
  - B. 7
  - C. 10
  - D. 5
- 4. Ideally, SDF should be applied to a lesion for at least \_\_\_\_\_.**
  - A. 10 seconds
  - B. 10 minutes
  - C. 1 minute
  - D. 5 minutes
- 5. SDF restores the form and function of teeth.**
  - A. True
  - B. False
- 6. How much fluoride is in one drop of 38% SDF?**
  - A. 2.24mg
  - B. 38mg
  - C. 3.8mg
  - D. 0.38mg
- 7. What is the CDT code for Interim Caries Arresting Medicament, otherwise known as the SDF code?**
  - A. 1204
  - B. 1205
  - C. 1354
  - D. 1355
- 8. SDF is radiolucent.**
  - A. True
  - B. False

- 9. What is the minimum frequency that SDF should be reapplied to unrestored carious lesions?**
- A. It only needs to be applied once
  - B. Annually
  - C. Biannually
  - D. Monthly
- 10. Which of the following is a disadvantage of applying potassium iodine (KI) after SDF?**
- A. Using a rubber dam can help prevent soft tissue from the higher pH.
  - B. It reduces the efficacy of SDF and still produces perceptible stain over time.
  - C. KI can reduce initial darkening of SDF treated lesions.
  - D. It will not stain healthy enamel.

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### Additional Resources

- No Additional Resources Available.

### About the Author

#### Jeanette MacLean, DDS, DABPD, FAPPD



Dr. Jeanette MacLean is a Diplomate of the American Board of Pediatric Dentistry, Fellow of the American Academy of Pediatric Dentistry, owner of Affiliated Children's Dental Specialists in Glendale, Arizona, and mother of two. She received her dental degree, with honors, from the University of Southern California in 2003 and completed her specialty training in pediatric dentistry in 2005 at Sunrise Children's Hospital through the University of Nevada School of Medicine. Dr. MacLean has become an internationally recognized advocate and expert on minimally invasive dentistry, appearing in newspapers, magazines, television, and continuing education lectures on this hot topic. Most notably, she was featured in the July 2016 New York Times article "A Cavity Fighting Liquid Helps Kids Avoid Dentists' Drills," which brought national attention to the option of treating cavities non-invasively with silver diamine fluoride.

Email: [drmaclean@yahoo.com](mailto:drmaclean@yahoo.com)