INTRODUCTION

In the dental operatory, the responsibility for removing saliva from a patient’s mouth is typically relegated to auxiliary staff personnel, who must periodically manipulate, reposition and activate saliva suction/removal devices. In practice, the actual evacuation of pooled saliva periodically requires a few seconds at each of multiple positions in the mouth. This typical chairside scenario introduces a number of obstacles and limitations for the attending clinician in his or her efforts to achieve treatment-related goals. First, the attending clinician must periodically pause from his or her in-process procedure while saliva is evacuated. This results in an interruption to the clinician’s visual and mental focus. The very presence of a second person at chairside alters the ergonomics of the dental clinician’s visual and mental focus. The clinician must strive to minimize such factors as the amount of chairside time required to accomplish various treatment goals, the amount of auxiliary staff assistance required as well as overall practice overhead to ensure that such professional services remain economically practical for all involved. All of these factors drive dental professionals to embrace improved chairside systems, armamentarium, techniques and procedures that save time, improve results and reduce costs.

One aspect of such dental practice economics addressed by the present invention involves procedures such as scaling, root planning, crown and bridge procedures, restorative dentistry and direct bonding must be accomplished. Such procedures typically reduce costs. One aspect of such dental practice economics addressed by the present invention involves procedures such as scaling, root planning, crown and bridge procedures, restorative dentistry and direct bonding must be accomplished. Such procedures typically require the transportation of dental materials and dental armamentarium in and out of the mouth more difficult. The adjacent bony structures of the anterior aspect of the ramus and the soft tissue and musculature of the cheeks restrict the clinician’s access and prevent a direct or perpendicular line of sight. The confined vestibular space between the buccal surfaces of the posterior teeth and the adjacent soft tissues of the cheeks limits the number and size of dental instruments that can occupy the space and makes the transportation of dental materials and dental armamentarium in and out of the mouth more difficult.

Yet another challenge routinely faced by the clinician is the interference and unpredictability posed by a free and at times an unruly tongue. Patients typically have little positional awareness of their tongue during treatment, thus unpredictable tongue movements can suddenly interfere with the clinician’s efforts which can lead to contamination of a dry field.
To overcome these challenges, a multifunction device is designed to control and continuously remove saliva from the mouth without the need for manipulation. It is intended to be used in conjunction with conventional chairside saliva evacuation systems and is intended to act continuously, thus greatly reducing or eliminating the need for monitoring and manipulation of saliva evacuation equipment. In addition, the tongue shield controls the tongue and creates space in, and access to the posterior regions of the mouth. Like a third hand, this innovative mouth prop maintains an open field while holding a standard saliva ejector in the perfect position. The patient holds it comfortably between his/her teeth and assists in dental aspiration and tongue retraction.

- Fully adjustable to fit adults and children
- Universal for both left and right side of mouth
- Can be sterilized by chemical method.

Procedure

Take a used elastomeric module ring and four pieces of 18 gauge round wire (Fig. 1). Twist this ring so that it will take S shape (Fig. 2). Top view of twisted module (Fig. 3). Pierce the round wire into ring at equal distance (Fig. 4). Cut the boxing wax into shape of a module frame (Fig. 5). Fix the wax below the module frame (Fig. 6). Put acrylic in opposite corner of the
An Inexpensive Universal Mouth Props, Saliva Ejector and Tongue Retractor

Instructions
Ask the patient to lift his tongue upward. Position the tongue deflector for retraction and move the tongue away from working area. Once the tongue is positioned properly, slide the mouth prop over the anterior teeth and make the patient bite on the mouth prop holding it in place.

SUMMARY OF THE INVENTION
The present invention provides an apparatus for maintaining a dry field during dental procedures that includes a tongue shield for holding the patient’s tongue in a retracted position and to maintain an open field while holding a standard saliva ejector in perfect position, without requiring assistance of additional persons or instruments, which reduce the cost and time required for dental procedures.

REFERENCE