Dr. Grobler's Protocol for Surgical Procedures

This protocol is designed to help dental professionals efficiently incorporate the Microcopy burs discussed in Dr. Martin Grobler's "Introduction to Surgical Procedures"[1] webinar into their daily practice. By following this guide, clinicians can enhance workflow efficiency, improve surgical outcomes, and build greater confidence when performing dental surgeries.

Introduction

Dr. Martin Grobler is a renowned expert in dental surgery who lectures internationally on the subject. Based in the Netherlands, his clinical focus is on surgical procedures, including dental implant placement and oral surgery. Since discovering Microcopy's pre-sterilized burs, he has made them his instruments of choice, appreciating their strength, sharpness, and ability to deliver exceptional clinical results.

Overview of the Microcopy Burs

1. NeoBurr FG.TC 161 Lindemann

- **Use:** Allows the user to follow CEJ for easy alveoplasty/ostectomy for furcation exposure.

- **Application:** Creates access and visibility by removing bone covering the impacted tooth or tooth radices. Can also be used to measure depth of cutting when visibility is difficult. May also be used to perform coronectomy of the tooth being extracted (access and visibility).

2. NeoBurr FG.TC 162 Lindemann

Use: Allows the user to section the roots or crown for easier retrieval. May also be used to section radix fragments or retained roots as the narrow tip allows for precision cutting and osteotomy.

Application: After the furcation is exposed sectioning may be necessary for atraumatic retrieval of radices. Precision cutting minimising pressure required for proper sectioning.

[1] The webinar can be viewed free of charge at https://karma-dentistry.com/courses/introduction-to-oral-surgical-procedures/

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3. NeoBurr RA.TC 6

Use: Allows the user to reach apical areas of the extraction socket (alveolus).

Application: Removal of granulation tissue and bony speckles apically and throughout the extraction socket.

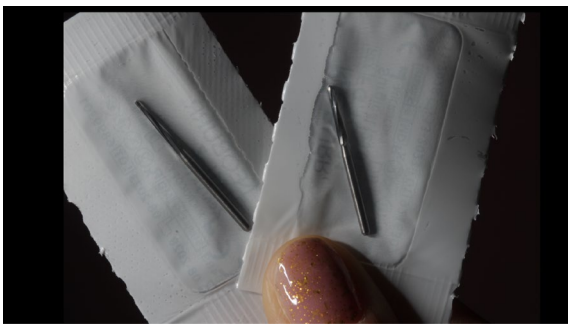
4. NeoBurr RA.TC 8

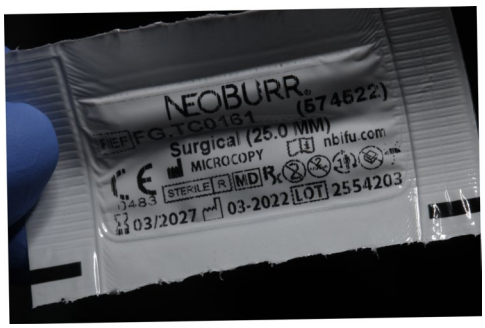
Use: Allows the user to follow the contour of the ridge; to reconstruct the surgical site bony anatomy to a smoother better site for healing.

Application: Removing any bony sharp spicules/loose pieces of bone or grooves created by the NeoBurr Lindemann bur FG.TC 161 and FG.TC 162.

Protocol for Utilization

1. **Sterile Packaging Protocol:**
    - Confirm NeoBurr **bur type & size**: FG.TC 161, FG.TC 162, RA.TC 6, RA.TC 8.





- Verify **sterility indicator** (chemical indicator color change).
- Use **sterile gloves** & ensure a sterile field.

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- Open the packaging by:
    - Holding the outer, **non-sterile side**.
    - Peeling back the packaging carefully, presenting the bur **without touching it**.
    - The sterile assistant or scrub nurse picks up the bur with **sterile forceps** /the **handpiece** or places it on a sterile tray.

2. Surgical Extraction Steps:

1. Access & Exposure

- Local anesthesia (e.g., articaine with epinephrine 1:100000 or 1:200000). When doing mandibular blocks a higher risk for parasthesia (unlikely but more risk involved than lidocaine 2% epinephrine).
- Lidocaine most safe option and gold standard Alternative: Mepivicaine 3% (plain).

Extraction tooth 48: Full thickness flap with osteoplasty/ostectomy

- Diagnosis:/ medial impaction tooth 48.

- Crestal or triangular flap design with releasing incision if needed. Scalpel blade:/ 15C Scalpel holder :/ Round for ergonomics.

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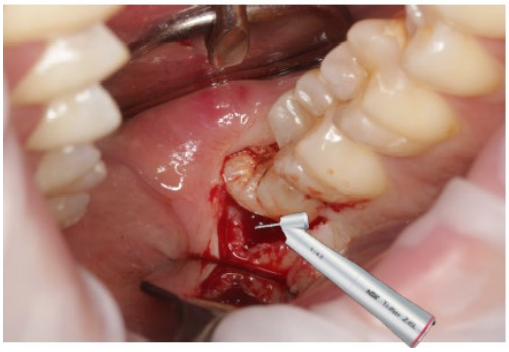
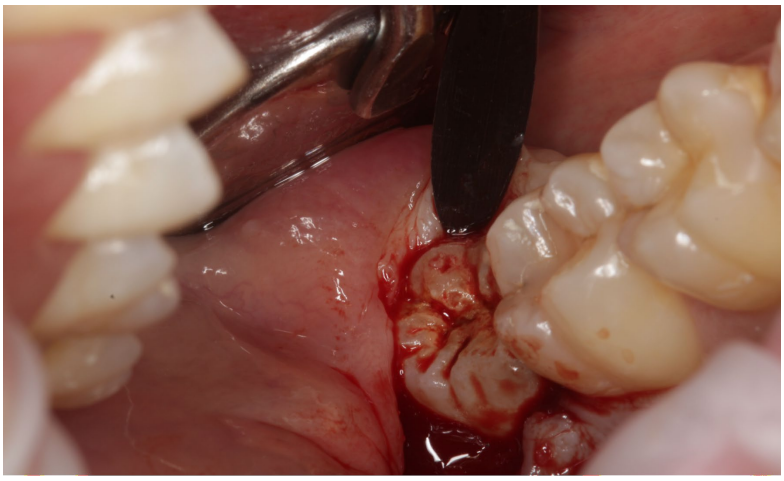


- Mucoperiosteal flap elevation with a periosteal elevator (e.g., Molt 9).

- Expose crown and furcation area. By performing an osteoplasty/ostectomy.

2. **Bone Removal (if needed):**

    - Use a **NeoBurr Lindemann bur FG.TC 161** in a **surgical handpiece with irrigation**.
    - Perform **controlled bone removal** to expose the impacted or ankylosed tooth structure.
    - Focus on **buccal bone reduction** to visualize the crown/root interface.



- Greater exposure before sectioning of the molar:/ (Alternative: start with coronectomy of the molar before sectioning).

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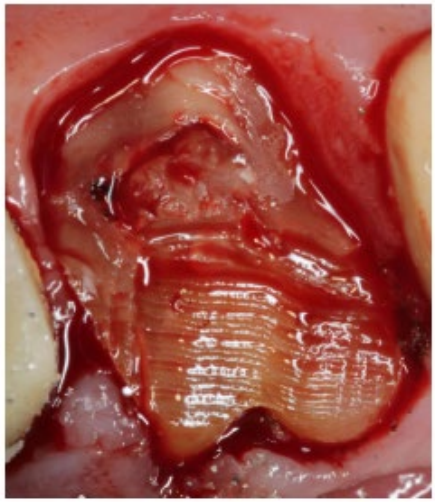
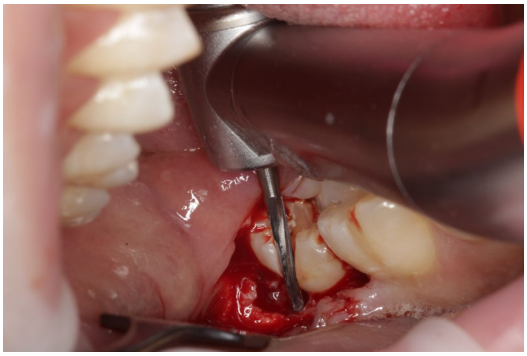
3. **Coronectomy / Crown Sectioning (example)- Before root splitting**

- With the NeoBurr Lindemann bur, FG.TC 161 perform a horizontal coronectomy:
    - Cut through the crown at the **cementoenamel junction (CEJ)**.
    - Confirm separation with a dental elevator.

(A coronectomy can also be an alternative treatment for teeth in close proximity to vital structures or to preserve bone).



4. **Root Splitting (if necessary)**



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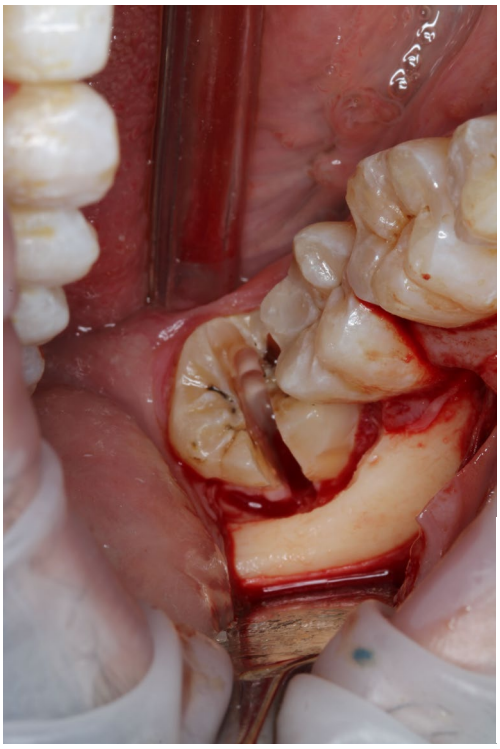
- If the root must be sectioned for atraumatic removal:
    - Use the **NeoBurr Lindemann bur FG.TC 162**, to perform **vertical root splitting**.
    - Start from the furcation towards the apex, ensuring **continuous irrigation**.

    Tip: When sectioning always leave a lingual shell of crown structure (enamel, dentine)- This will prevent you from perforating lingually/ or causing lingual nerve trauma.



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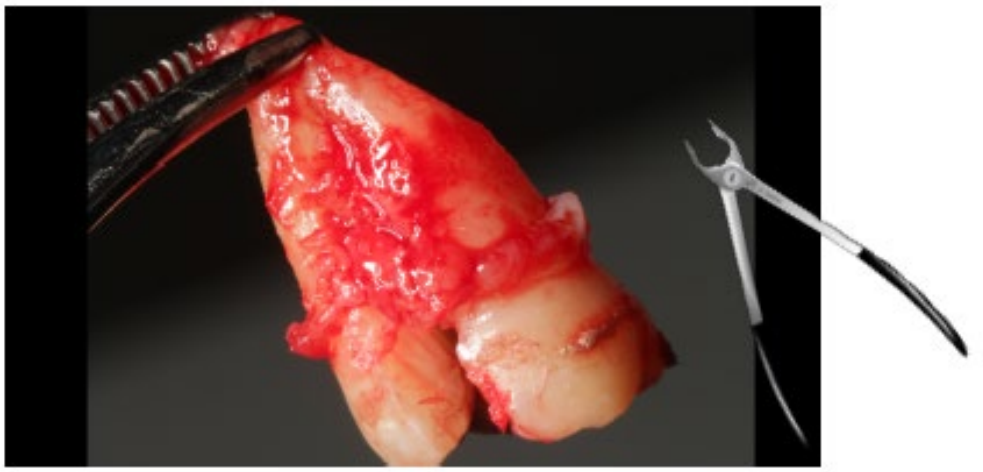
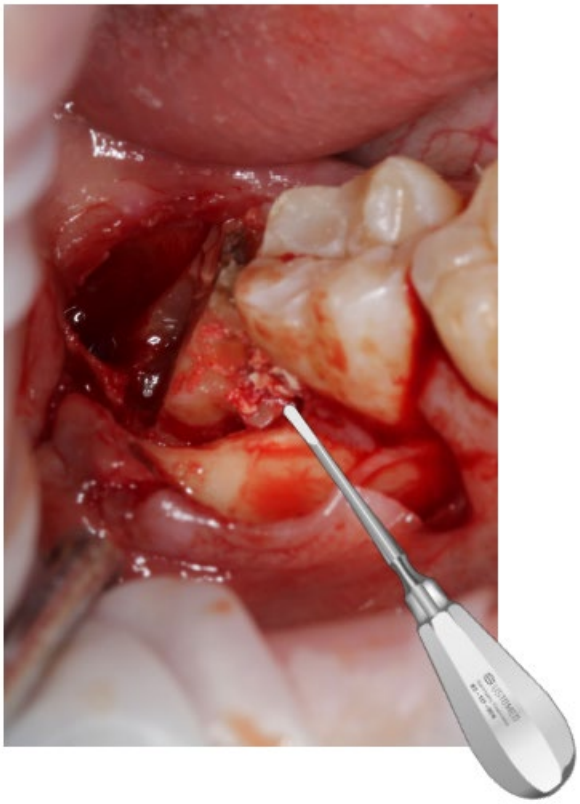


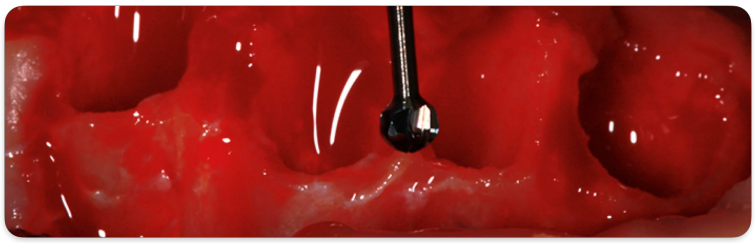


Tooth/root delivery: Using the wedge technique or the wheel and barrow technique the tooth can be luxated or elevated for delivery.

Alternatively a universal force may be used for retrieval of the remaining tooth structure.

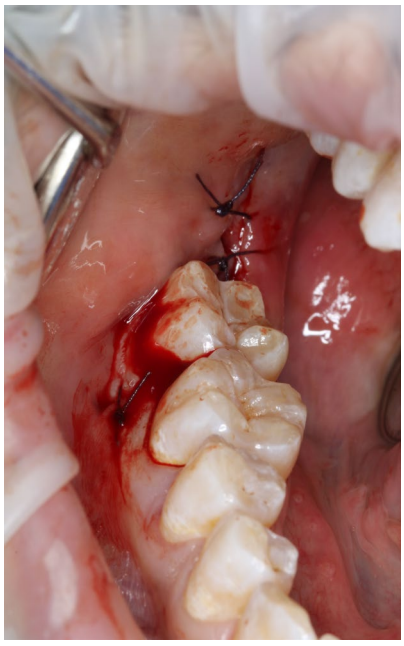
5. Bone Smoothening

- After tooth/root removal:
  - Switch to a **surgical round bur** (e.g., RA.TC 6, RA.TC 8). Latch type handpiece (with irrigation).
  - With round bur RA.TC 6 the extraction socket can be cleaned from granulation tissue or bone spicules. With round bur RA.TC 8 Smoothen and round off sharp bony edges for improved healing.
  - (Ensure no bone spicules remain that could cause soft tissue irritation).



3. Closure

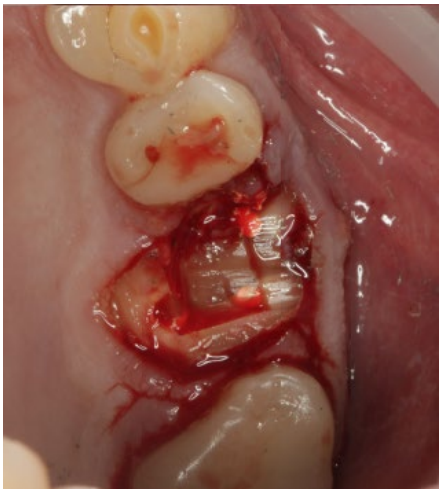
- Irrigate thoroughly with sterile saline.
- Verify hemostasis.
- Reposition the flap tension-free.
- Suture (e.g., 4-0 or 5-0 resorbable sutures or any sutures of your choice).



4. **Post-Operative Instructions**

   - Standard post-op care (analgesics, saline rinse after 3 days, avoid negative pressure for first 3 days, soft diet, etc.).

Diagnosis: Vertical root fracture tooth 16.



Coronectomy with NeoBurr Lindemann FG.TC 161.

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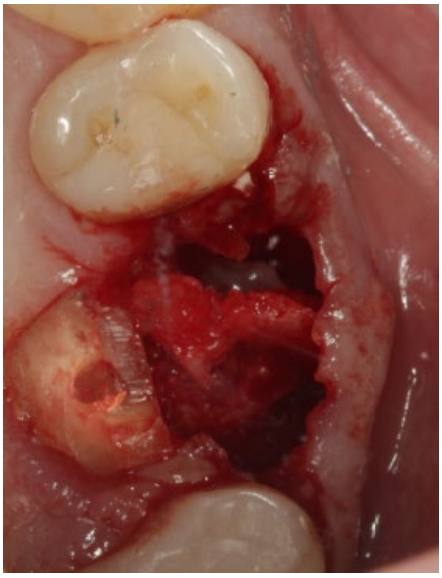
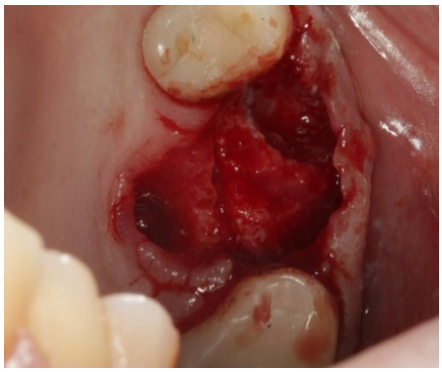
Root sectioning with NeoBurr Lindemann FG.TC 162.

Delivery of the sectioned radices with peristome or elevator.



Delivery of palatal radix with universal.

Flapless atraumatic extraction with coronectomy



Curretage and blood clot stabilization.

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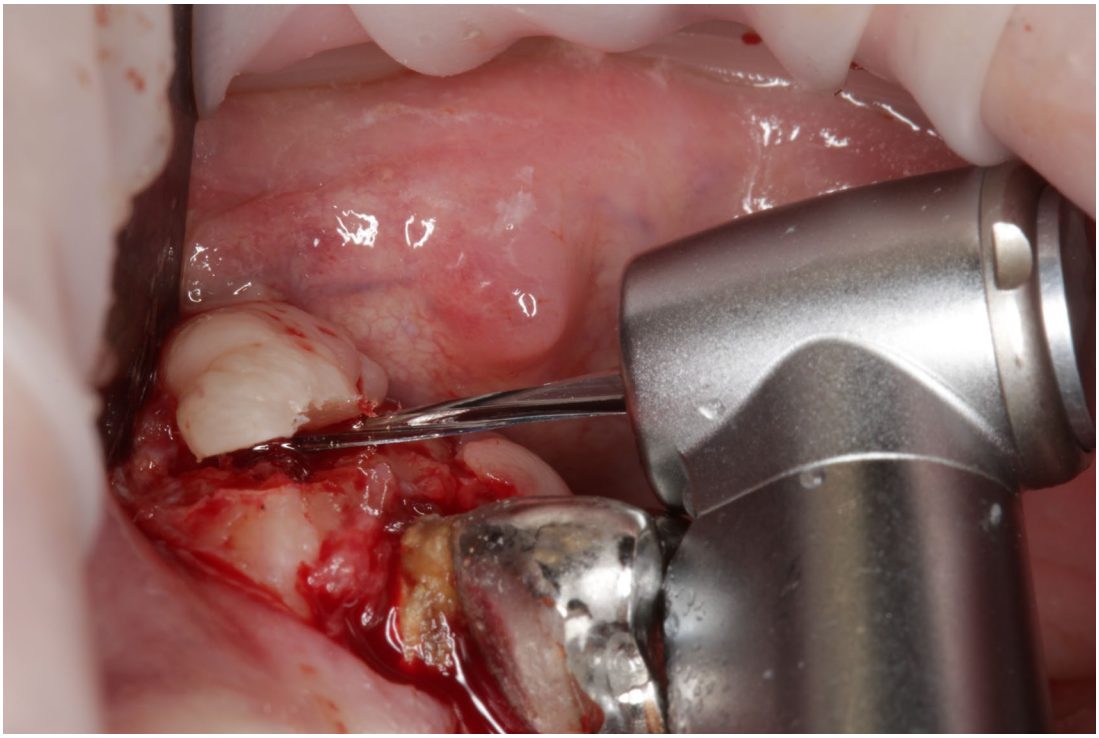
Conclusion

Precision Meets Versatility: Every Single Time

Whether you're raising a full-thickness flap to surgically remove an impacted third molar or performing an atraumatic extraction to preserve bone for future implant placement, the **Microcopy Neoburrs—FG.TC 161 and FG.TC162 Lindemann**, alongside the **RA.TC6 and RA.TC8**—deliver a level of control and cutting efficiency that truly transforms surgical workflows.
What makes these burrs exceptional is their **versatility across techniques** and **predictable performance**. With sharp, single-patient-use design, each burr slices through enamel and bone **like a hot knife through butter**. From dense cortical bone to delicate sectioning, they allow you to work precisely and atraumatically, helping reduce patient trauma and surgical time.
Versatile. Reliable. Effortless.

Got questions or want to share your own experience?
Let s connect on Instagram @martin69g—I m always open for discussion and surgical banter!



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