Technologically Advanced Dental Instruments

HUBERMED

Quality | Innovation | Service

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LASCHAL®

Technologically Advanced Instruments

DISTRIBUTED BY HUBERMED INC

Endodontic

Restorative

Surgical

Laschal's mission:
To eliminate or reduce clinical difficulties dentists face every day.

To Order or for More Information Call: **888-789-9928**

A guide to Laschal's Dental Instrument Catalog

Dear Doctor,
Have you ever experienced any of the following difficulties:
(The solutions are in this catalog on the pages noted)

1- Lacerated soft tissue while attempting to break a contact point, polish restorations or remove overhanging cement or composite resin after cementation?
► **Models PCF-LW/L; PCF-LW/L-ST (see pages 7, 20, 21)**

2- Dropped or fumbled with a crown, inlay, post or laminate veneer during try-in or cementation?
► **Models PCF-N-45CCR; PCF-N-45CCR/L; PCF-N-45S; PCF-N-45S/L (with lock); PCF-N-CDF; PCF-N-45S/M (see page 9)**

3- Cleanly cutting tissue, suture, retraction cord or virtually anything else that requires a sharp, reliable scissors?
► **All Models of Scissors (see pages 4, 5, 6, 7)**

4- Placement of matrix bands, or removal in the presence of extremely tight contacts or overflowed adhesive?
► **Models PCF-N-75SP; PCF-N-75SP/L (with lock) (see page 9)**

5- Joint fatigue during the location of a canal or initial instrumentation of a calcified canal?
► **Models PCF-N-90AHF/L; PCF-N-75CHF/L (see pages 14, 16)**

6- Manipulation of small transfer copings, healing buttons or implant components or with any tiny components where the manufacturers 'driver' failed after repeated use?
► **Models PCF-N-7-Comp, HAF/75, AHF/90, PCF-N-45S/L (see pages 3, 10, 11, 22)**

7- Bulky micro needle holders that splayed spontaneously, rendering them useless and irreparable, or struggle to switch instruments during anastomosis?
► **All Traditional and Advanced Needle Holders (see pages 8, 17, 18)**

8- Fumbled with the transfer of needle holder to scissors during anastomosis?
► **All Advanced 'Cutting Edge' Needle Holders (see pages 8, 17, 18)**

9- Manipulating or lining up the internal hexes of the abutments with the hexes of the implant or wished for a single instrument tht would fulfill multiple functions?
► **Multifunctional Forceps (see pages 10, 11)**

10-The retrieval of separated endontic files or foreign bodies?
► **Steiglitz Forceps (see pages 15, 16), File Extraction Probe Set (see page 19)**

11-Smoothly drawing a graft through a tunnel without interruption or having the suture cause a blunt dissection of the graft?
► **Tunneling Forceps (see page 13)**

12-Having the healing abutments, screws or other components fall off the driver during approach or placement?
► **Healing Abutment Forceps (see page 22)**

13-Breaking the tips off periotomes while attempting to separate the periodontal ligament prior to extraction?
► **Flexible, Fracture Resistant Periotomes (see page 12)**

Pressure Limiting Atraumatic Forceps - reduce instrument induced tissue trauma during manipulation and anastomosis, *yet strong enough to complete the passage of suture needles through dense tissue.*

PLAF/R/F

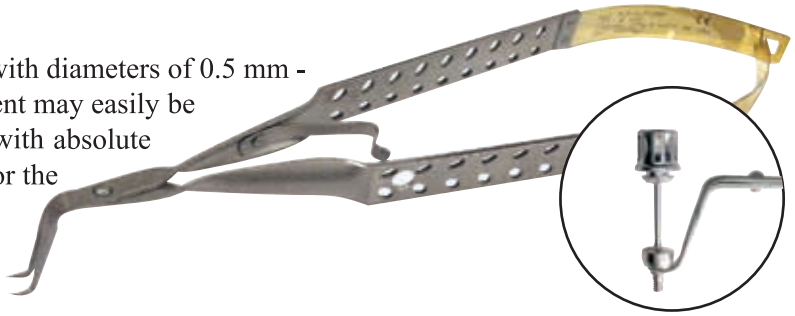
PLAF/R/1X2

PLAF/R/1X2/L

For holding and manipulating abutments, transfer copings and healing buttons. Coated with titanium carbide for slip resistance and bio-compatibility.

PCF-N-7-COMP

For manipulating tiny components with diameters of 0.5 mm - 7.0 mm. Any size screw or component may easily be rotated between the locked prongs, with absolute safety and bio-compatibility. Ideal for the placement of healing abutments in areas with limited meso-distal space



Surgical Bracket Forceps

PCF-N-LM2.5-45/L 15.75 cm with 45° N/S angle and thumb lock

Platforms touch well before lock engages. This permits the assistant to pre-load and lock the bracket in place. Before bonding, the clinician may disengage the lock and still adequately maintain a secure grip on the bracket. After bonding the bracket, the Dr. merely relaxes his/her grip for a smooth release, thereby eliminating disruption caused by disengaging common forceps and the need to rebond.

All above forceps may be custom ordered in 18.25 cm lengths.

Laschal MicroPoint Uniband and Featherlite Scissors have a 300% increase in shearing bias, guaranteeing consistent cutting at the tip with greater cutting efficiency and less crushing when used for cutting tissue.

STANDARD FEATHERLITE DESIGNS

MPF-N-4CXF

MPF-N-1
15.7 cm scissors with 2.2 cm straight sharp/sharp blades

MPF-N-1C
15.7 cm scissors with 2.2 cm curved sharp/sharp blades

MPF-N-4
14.75 cm scissors with 1.25 cm straight sharp/sharp blades

MPF-N-4C
14.75 cm scissors with 1.25 cm curved sharp/sharp blades

MPF-N-6
15.5 cm Littauer scissors with 2.0 cm straight blades

MPF-N-6A
15.5 cm Littauer scissors with 2.0 cm straight blades with a 45° angle (shown)

MPF-N-4XF 'EH MicroPoint'
14.75 cm scissors with 1.25 cm straight, duck-billed blunt/blunt blades

MPF-N-4CXF 'EH MicroPoint'
14.75 cm scissors with 1.25 cm curved, duck-billed blunt/blunt blades

All above scissors may be custom serrated and/or having the handle length increased by 2.5 cm.

SPECIALTY FEATHERLITE DESIGNS

71-15-30C
18 cm periodontal scissors with
2 cm curved blades with 30° angle -
Springs are gold plated

51-15-30C

51-15-30C
15.5 cm periodontal scissors with 2 cm curved blades,
angled 30°

51-15-45C
15.5 cm periodontal scissors with 2 cm curved blades,
angled 45°

51-12-30C
14.5 cm with 1.0 cm curved blades,
angled 30°

51-12-45C
14.5 cm with 1.0 cm curved blades,
angled 45°

Micro designs suggested by Dennis Shanelec, D.D.S.

DS -1
14.7 cm Vannas scissors with 1.2 cm straight blades

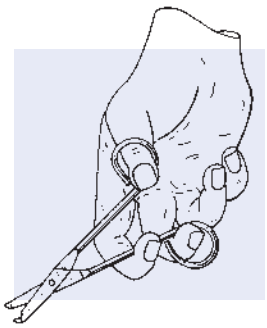
DS -1C
14.7 cm Vannas scissors with 1.2 cm curved blades

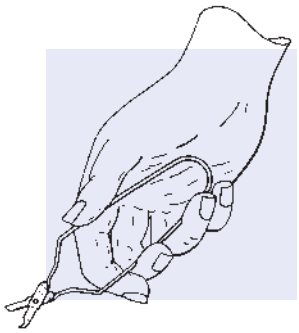
DS - G
14.75 cm 'reach anywhere' stork-shaped scissors
with 1.25 cm blades

All above scissors may be custom serrated and/or having the handle length increased by 2.5 cm.

Uniband scissors (modified Castroviejo) are an ergonomic, high quality and economical alternative to conventional scissors.

With ordinary scissors, the position is a maximal distance away from the tip. The fingers alone must control the entire action!





With the Uniband Scissors, the hand and fingers work in concert, and can be placed much closer to the tip for unparalleled control.

LA -1
12.4 cm scissors with 2.2 cm straight, sharp/sharp blades - ideal for trimming GP points.

LA -1C
Same as LA-1 above with a gentle curve.
Ideal for trimming or removing sutures.

LA -3B
11.75 cm scissors with 1.6 cm curved, blunt/blunt blades with serrations. For gross trimming of bleaching trays.

LA -4
11.5 cm scissors with 1.25 cm straight, sharp/sharp blades. Ideal for fine trimming of bleaching trays into embrasure areas, vacuum formed splints and crown forms.

LA -4C
Same as above with gentle curve.

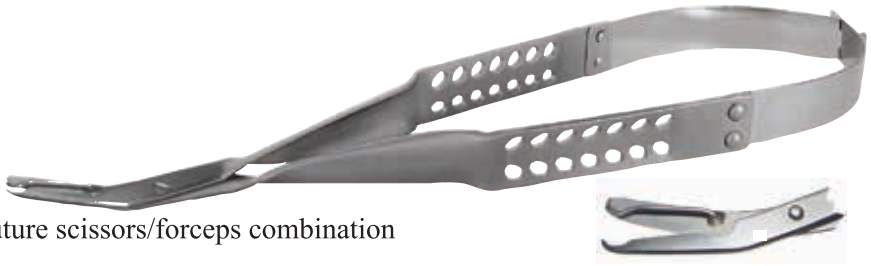
LA -4XF
11.5 cm straignt, blunt/blunt, duck-bill shaped scissors. Ideal for cutting retraction cord or removing sutures.

LA -4CXF
Same as above with gentle curve.

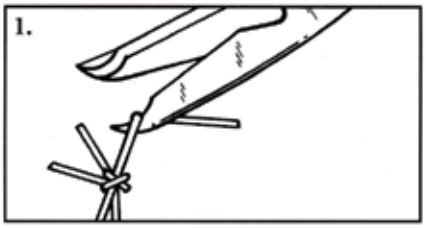
LA -6
11.2 cm Littauer scissors with 1.25 cm blades- economically priced, high quality scissors for removing sutures

Scissors/Forceps Combination for Removing Sutures

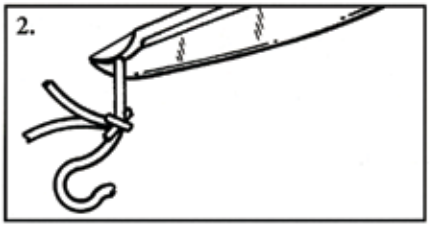
N-103F



15.5 cm up-angled suture scissors/forceps combination



Engage the suture on the right side of the knot...



...cut, leave in a closed position, and remove the suture.

The suture may then be wiped off on a piece of gauze held in the (stabilizing) free hand.

Gingival Retraction Handles, the first of their kind, for the easy retraction of gingival tissue during examination, restoration, curettage or surgery.

GRH

Straight

Specially coated for atraumatic manipulation of tissue

GRH-A

Angled

Specially coated for atraumatic manipulation of tissue

The Laschal/Weinberg double-pronged forceps greatly reduces the incidence of soft tissue trauma when breaking contact points, polishing restorations or removing overhanging cement or composite flash after crown or laminate cementation.*

**May be used with any commonly available polishing/lightning strip or saw blades.*

PCF-LW/L

With thumb lock

How to?
SEE PAGES 20 & 21

PCF-LW/L-ST

With thumb lock

Prongs are inline with handle.

Featherlite Castroviejo needle holders with traditional locking mechanism and fine tips. Will strongly grasp any size needle without splaying. Lighter than titanium, with greater survivorship. For very delicate muco-gingival surgery.

All needle holders:

- •Hold any size needle without splaying • Will not break, loosen, rust or splay
- •No joint to snag suture material during instrument ties

TRADITIONAL*

PCF-N-7TCL/R
18 cm
Round handle
(Baraquer)

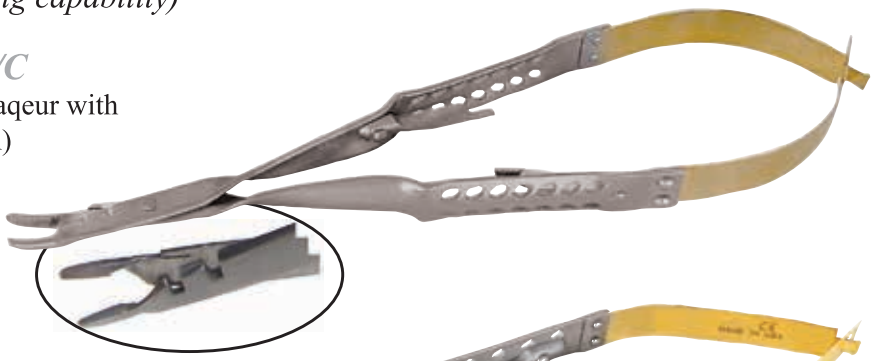
PCF-N-TCL
15.5 cm
Flat handle
(Castroviejo)

ADVANCED**

Castroviejo and Baraquer needle holders with 'Cutting Edge' technology

(With suture cutting capability)

CE2-631-10RL/C
15.7 cm curved Baraqeur with
suture cutter (shown)



CE2-731-10L
18.2 cm straight Castroviejo with
suture cutter (shown)

Above needle holders available in 15.25cm and 17.75cm sizes; straight or curved tips; round or flat handles:

*Tradtional

PCF-N-TCL	15.5 cm, straight, Castroviejo
PCF-N-TCL/C	15.5 cm, curved, Castroviejo
PCF-N-TCL/R	15.5 cm, straight, Baraquer
PCF-N-TCLR/C	15.5 cm, curved, Baraquer
PCF-N-7TCL	18.0 cm, straight, Castroviejo
PCF-N-7TCL/C	18.0 cm, curved, Castroviejo
PCF-N-7TCL/R	18.0 cm, straight, Baraquer
PCF-N-7TCLR/C	18.0 cm, curved, Baraquer

**Advanced

CE2-631-10L	15.7 cm, straight, Castroviejo
CE2-631-10L/C	15.7 cm, curved, Castroviejo
CE2-631-10RL	15.7 cm, straight, Baraquer
CE2-631-10RL/C	15.7 cm, curved, Baraquer
CE2-731-10L	18.2 cm, straight, Castroviejo
CE2-731-10L/C	18.2 cm, curved, Castroviejo
CE2-731-10RL	18.2 cm, straight, Baraquer
CE2-731-10RL/C	18.2 cm, curved, Baraquer

Laschal restorative forceps are designed to delicately and securely hold crowns, posts, points or any restorative or implant components for simple, uncomplicated delivery and cementation.

PCF-N-45S/M
Without thumb lock
Microforceps for manipulating inlays

PCF-N-45CCR
Without thumb lock
45° N/S Forceps for crowns, cores and bridges. Also facilitates removal of temporary crowns and broken posts.

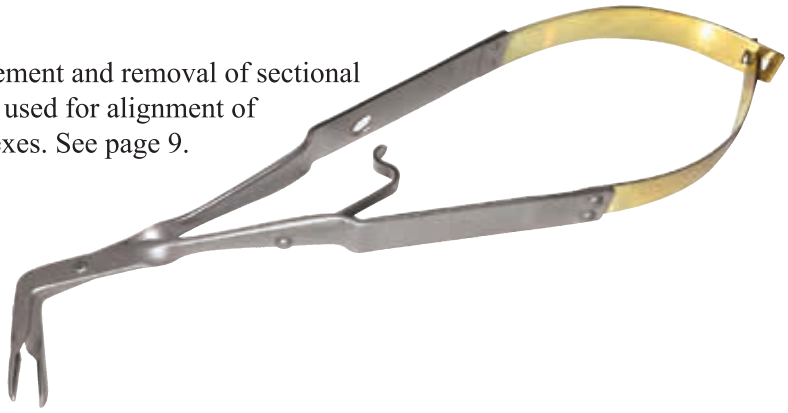
PCF-N-45S
Without thumb lock
45° N/S Forceps for posts, points and pedodontic crowns

PCF-N-45S/L
With thumb lock
See Multifunctional Forceps, page 9

PCF-N-CDF
Without thumb lock
30° N/S diamond dusted contoured forceps for crown placement

PCF-N-75SP/L
With thumb lock
75° E/W Forceps for placement and removal of sectional matrix bands. Can also be used for alignment of implant related internal hexes. See page 9.

PCF-N-75SP
Without lock (not shown)



MULTIFUNCTIONAL FORCEPS

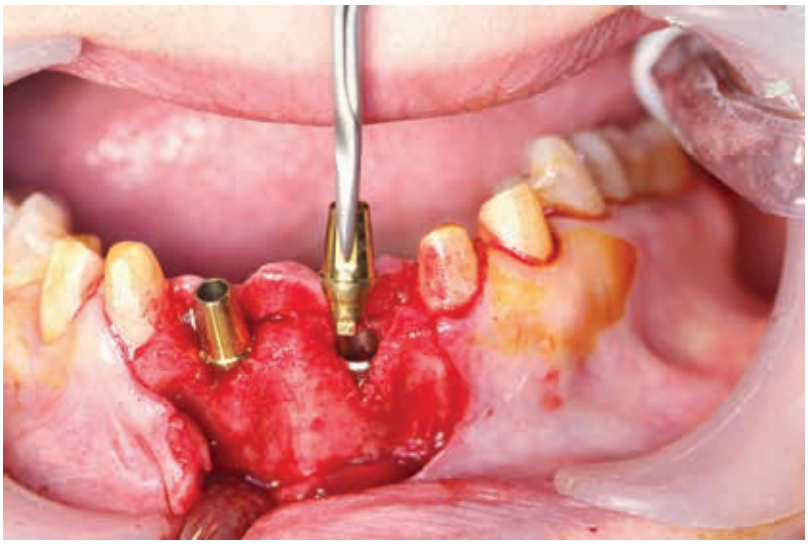
PCF-N-45S/L

For alignment and placement of implant related internal hexes
(See clinical images page 11)

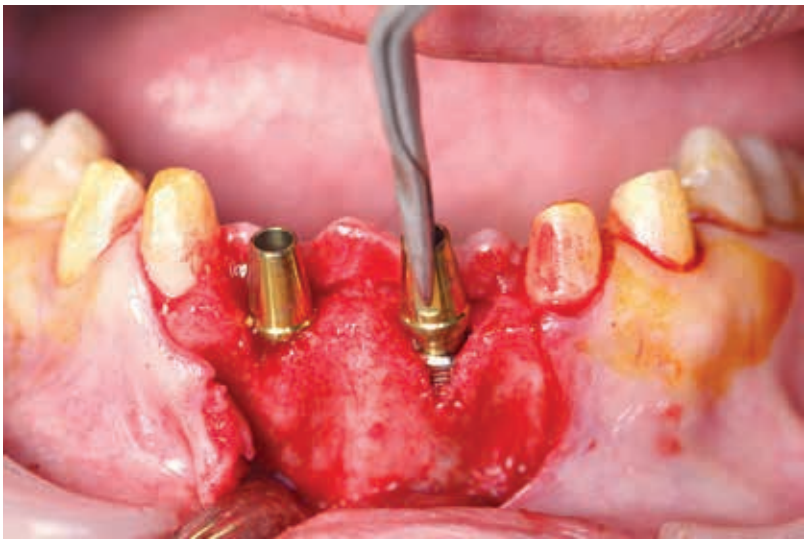
For precise placement of crowns, inlays and laminate/composite veneers, without the complications of finger manipulation

For placement of posts and removal of broken posts

CLINICAL IMAGES OF ALIGNMENT AND FINAL SEATING OF IMPLANT RELATED INTERNAL HEXES:



Initial approach and alignment of abutment onto implant



Final seating prior to permanent attachment

Periotomes - Micro serrated for simple and efficient separating of the periodontal ligament. Coated with titanium nitride for greater hardness and longer service life.

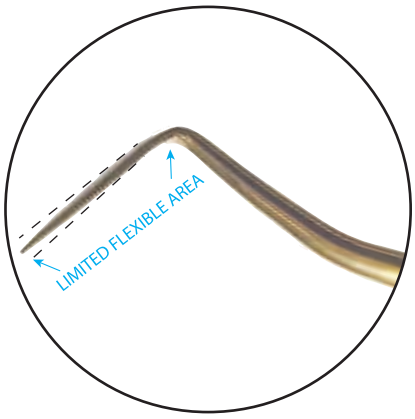
NEW

FLEXIBLE, FRACTURE RESISTANT PERIOTOMES

MSP-1

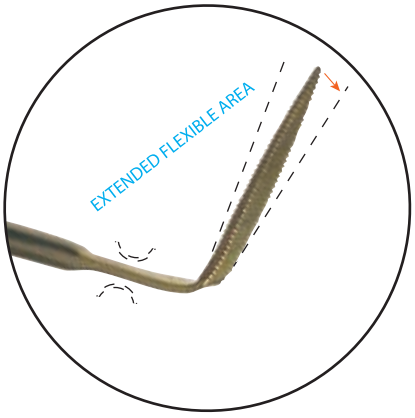
MSP-2

Two Different Flexibilities To Address Every Periotome Challenge



MSP-1F / MSP-2F:

Moderate flexibility -provides the safety of fracture resistance with the rigidity needed.

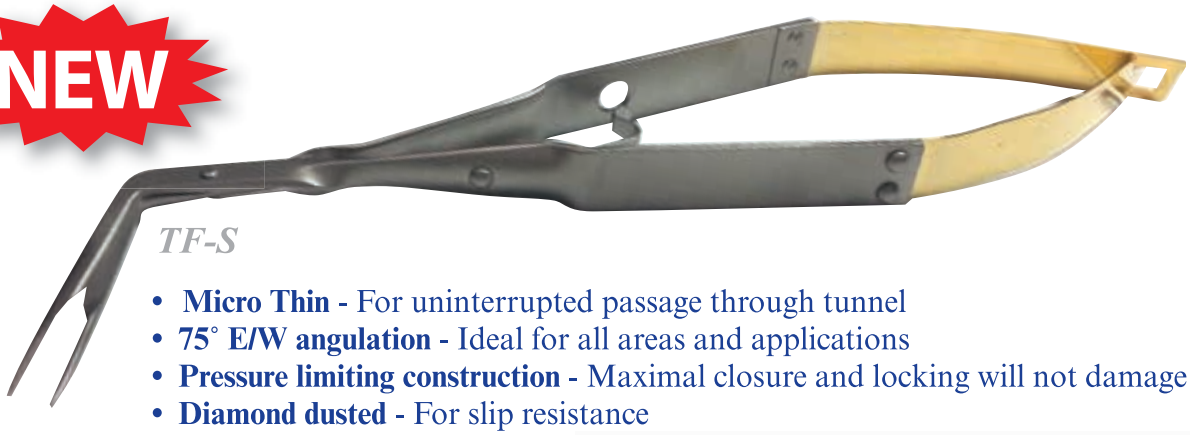


MSP-1XXF / MSP-2XXF:

Greater flexibility with stress relief -provides maximal flexibility with limited rigidity - Allows periotomes to locate the most convenient path of insertion.

A MICRO THIN FORCEPS AND SIMPLIFIED METHOD FOR THE PLACEMENT OF TUNNEL CONNECTIVE TISSUE GRAFTS

NEW



TF-S

- **Micro Thin -** For uninterrupted passage through tunnel
- **75˚ E/W angulation -** Ideal for all areas and applications
- **Pressure limiting construction -** Maximal closure and locking will not damage graft
- **Diamond dusted -** For slip resistance
- **Three models to choose from:**

TF-R*: *Curved Right*

TF-L*: *Curved Left*

Addresses individual arch anatomies

TF-S: *Universal*

*Available only through Salvin Dental in North America

1 - Create tunnel in any standard manner

2 - Close forceps and walk through tunnel

3 - Grasp connective tissue graft

4 - Withdraw graft through tunnel

CORN FORCEPS

Corn forceps are used to help guide the precise tissue penetration by the suture needle. When used properly, the tips of the forceps grasp onto attached gingivae, and the suture needle is guided through the grooves, ensuring proper placement of the suture.

PCF-N-CORN/45
Corn forceps with 45° angle
and diamond dust for slip resistance

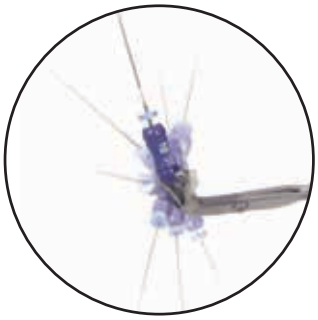
PCF-N-CORN 15.25 cm
Same as above with straight tips

ENDODONTIC FILE FORCEPS

PCF-N-90AHF/L

- Reduces incidence of joint fatigue when using K-files
- Quick connect/disconnect
- Greater ergonomics
- Two models to choose from

*HOW TO USE YOUR PCF-N-90AHF/L TO ADDRESS DIFFICULT CANALS**



PCF-N-90AHF/L
The sharp prongs may impale the parachute holes facilitating a 270° mesio-distal rotation for easy access to difficult canals e.g. mesialbuccal canals of maxillary second molars

or

PCF-N-75CHF/L
Impale the sharp prongs of the PCF-N-75CHF/L into the parachute holes for 270° bucco-lingual rotation

(Offset) PCF-N-75CHF/L shown in use through mirror illustrating line-of-sight advantage.

PHOTO COMPLIMENTS OF DR. HOLGER DENNHARDT, LANDSHUT, GERMANY

* The use of both instruments above allows 270° of positioning in the X, Y and Z axes.

STEIGLITZ STYLE ENDODONTIC FORCEPS

For retrieving separated files and silver points.
Will not splay or slip when only a minimal purchase point is available.
All forceps are micro-tipped.

- **North/South angulations address the bucco-lingual chamber orientation of anteriors and bicuspids.**

- **East/West angulations address the mesio-distal chamber orientation of molars.**

With serrated carbide inserts

OPEN LOCKED PROFILE

N/S Forceps with thumb lock

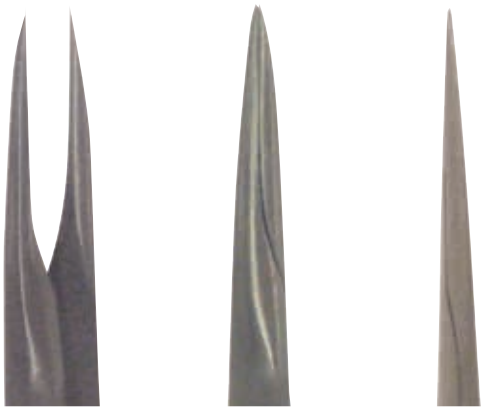
PCF-N-45SL/M
PCF-N-75SL/M
PCF-N-90SL/M

E/W Forceps with thumb lock

PCF-N-45SPL/M
PCF-N-75SPL/M
PCF-N-90SPL/M

Extra thin for deeper access

OPEN LOCKED PROFILE



N/S Micro Diamond Dusted Forceps with thumb lock

PCF-D-N-45SL/M
PCF-D-N-75SL/M
PCF-D-N-90SL/M

E/W Micro Diamond Dusted Forceps with thumb lock

PCF-D-N-45SPL/M
PCF-D-N-75SPL/M
PCF-D-N-90SPL/M

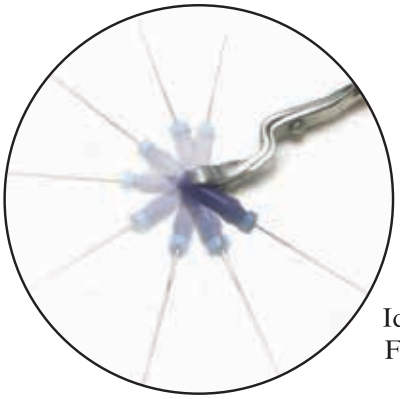
As Featured by Gilberto Debelian, DMD, PhD in his Master Clinical Workshops and Lectures

ENDODONTIC FILE FORCEPS

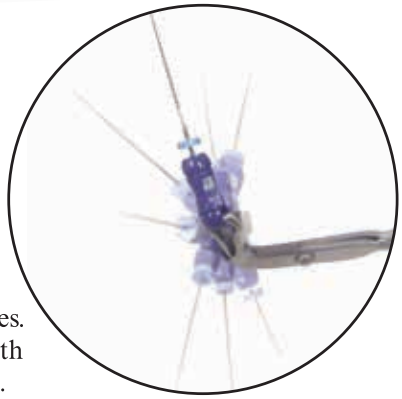
- Reduces incidence of joint fatigue when using K-files
- Quick connect/disconnect
- Greater ergonomics
- Two distinct models to choose from:

PCF-N-90AHF/L

PCF-N-75CHF/L



The sharp prongs may impale the parachute holes facilitating 270˚s of positioning in the X, Y and Z axis for easy approach to all canals.



Ideal for use with mirrors or microscopes. For obturation they are ideal for use with Gutta-Percha and resin based carriers.

STEIGLITZ FORCEPS

North/South angulations address the bucco-lingual chamber orientation of anteriors and bicuspids.

Available in 45°, 75° and 90°
- With carbide inserts (extra grip)
- With diamond dust (extra thin)

East/West angulations address the mesio-distal chamber orientation of molars.

Available in 45°, 75° and 90°
- With carbide inserts (extra grip)
- With diamond dust (extra thin)

As featured by Richard Rubinstein, DDS, MS in the Master Clinician Series

Suture Cutting Needle Holder
CE2-731-10RL

Corn Forceps
PCF-N-CORN

Corn forceps are used to help guide the precise tisssue penetration by the suture needle.

FOR REMOVING EASILY ACCESSIBLE SUTURES

Scissors / Forceps combination
N-103F

Scissors/forceps combination for removing suture with one hand/one quick and easy motion...

Engage the suture on the right side of the knot, close, hold firmly and lift. The suture is then removed quickly and efficiently.

MPF-N-4CXF

EH Micropoint scissors are used for removing buried sutures atraumatically.

Gingival Retraction Handle
GRH

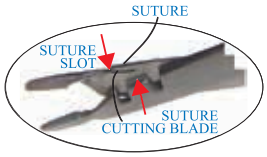
Specially coated retraction device for atraumatic tissue manipulation.

As featured by Ziv Mazor, DMD in his periodontal, implant and sinus lift lectures and workshops

Traditional Needle Holders

Lighter and stronger than titanium. Holds any size needle. Will not break, loosen, rust or splay. No joint to snag suture material during instrument ties.

Suture Cutting Needle Holder



Pressure Limiting Atruamatic Forceps

Reduce the incidence of instrument induced trauma.

Micropoint Featherlite Scissors

300% increase in shearing bias, guaranteeing consistent cutting at the tip. Greater cutting efficiency and less crushing when used for cutting tissue.

Scissors / Forceps combination

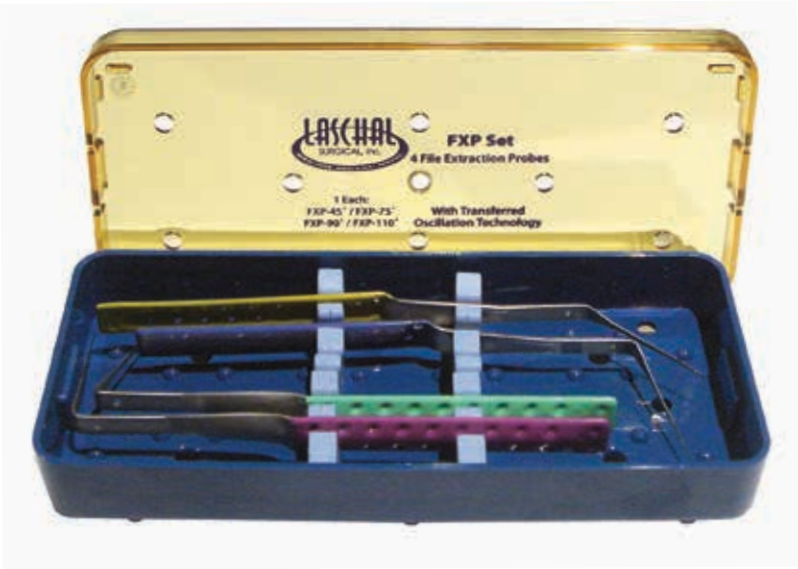
For removing suture with one hand/one quick and easy motion...

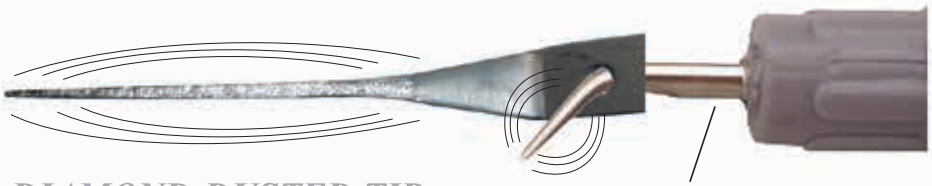
Engage the suture on the right side of the knot, close, hold firmly and lift. The suture is then removed quickly and efficiently.

FILE EXTRACTION PROBE SET

Consists of four color coded diamond-dusted probes: 45°, 75°, 90°, 110° plus sterile case with cover.

- Micro Thin - For access to tightest areas
- Flexible - Follows canal wall to broken file
- Unbreakable - Made of the highest grade stainless steel
- Diamond Dusted on Both Sides - Simultaneously creates trough between file and dentinal wall and mechanically engages file fragment
- For More Difficult Deliveries - Can also be used with barbed broaches and/or Steiglitz Forceps
- Can follow dilacerated (curved) canals without breaking or fatiguing steel.



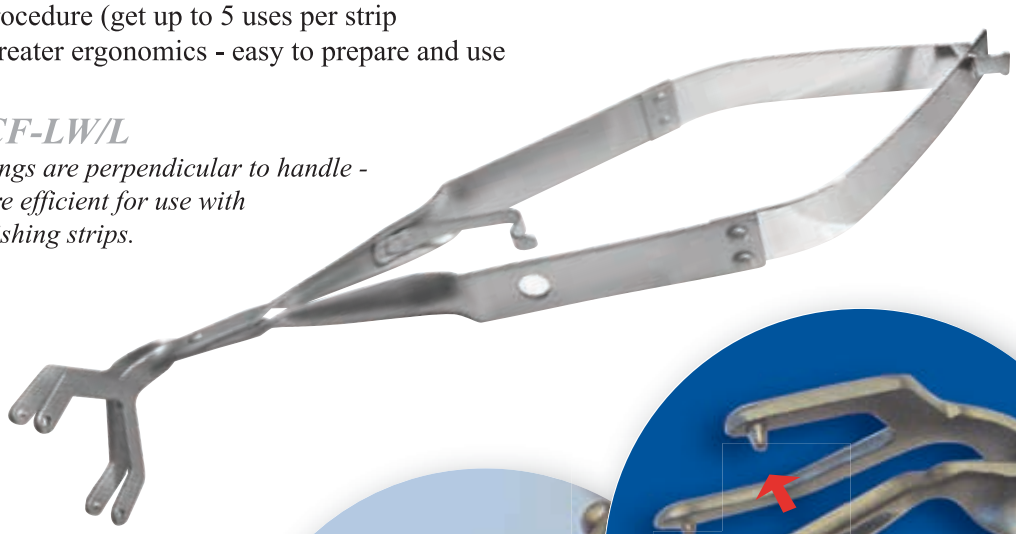


LASCHAL/WEINBERG FORCEPS

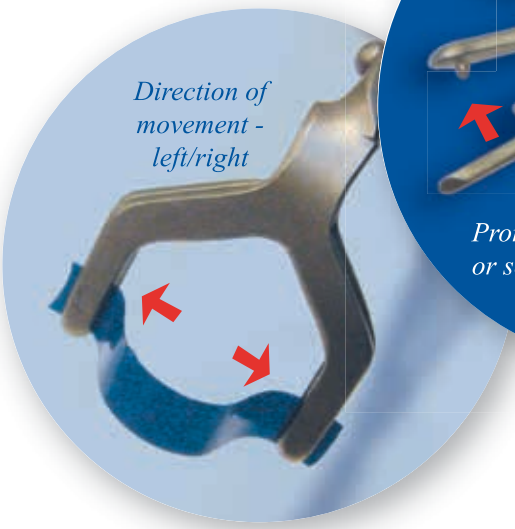
- Reduces incidence of soft tissue trauma - removes the strip from the hands and the hands from the mouth
- Greater economics - use shorter strips for each procedure (get up to 5 uses per strip
- Greater ergonomics - easy to prepare and use

PCF-LW/L

Prongs are perpendicular to handle - more efficient for use with polishing strips.



Prongs tightly hold all polishing, or separating strips and saws.

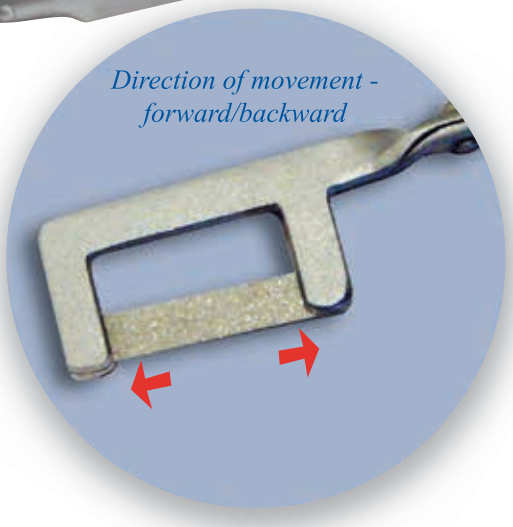


Direction of movement - left/right

Loop polishing strip to access all restored surfaces or with articulating paper to uncover excessive contact during try-ins.

PCF-LW/L-ST

Prongs are in line with handle - more efficient for use with separating strips or saws.

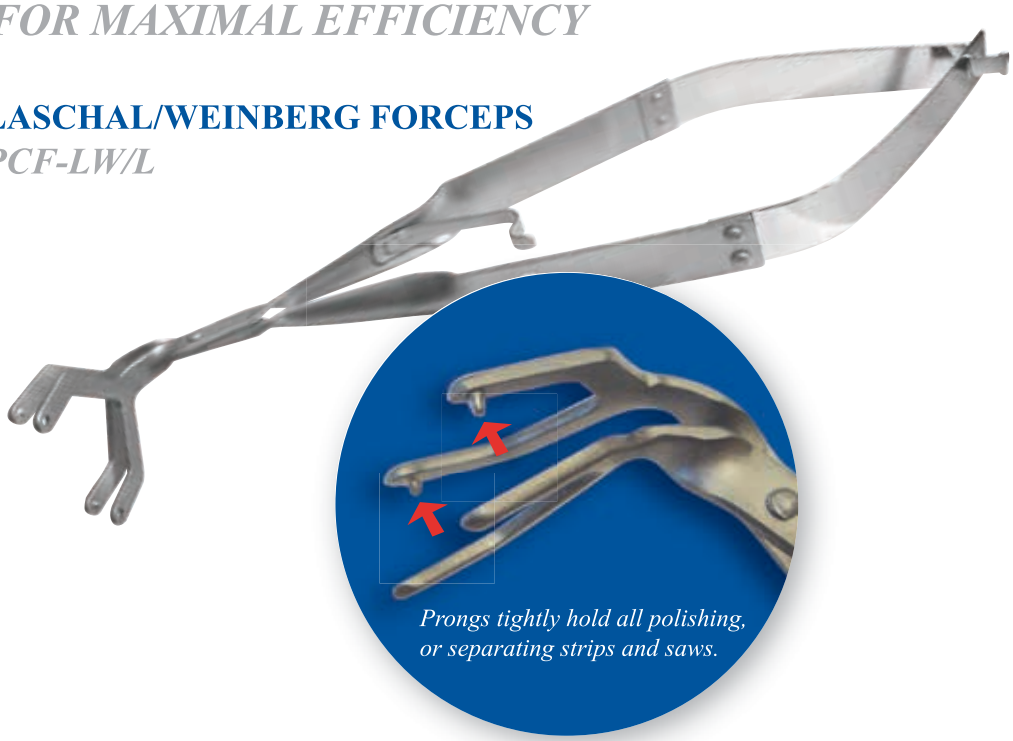


Direction of movement - forward/backward

HOW TO PREPARE YOUR DOUBLE PRONGED FORCEPS FOR MAXIMAL EFFICIENCY

LASCHAL/WEINBERG FORCEPS

PCF-LW/L



A - For separating strips and saws

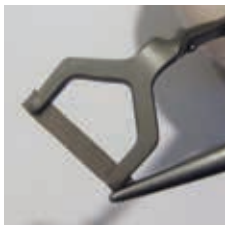
1 Cut a 1" length of strip and secure midway with a hemostat or pliers

2 Place strip between prongs

3 Close instrument so that the lock engages

4 Notice that the pins have not yet penetrated strip on either side

5 Use hemostat or pliers to (gently) clamp down on one prong and make sure the pin has penetrated the strip on that side only



6 Use Hemostat to draw the strip taut on the opposite (unpenetrated) side

7 Use hemostat to clamp down and penetrate opposite side

8 Notice fully closed, locked and penetrated strip (on both sides)

9 Trim overhanging strip on both sides

10 The strip is now (very) tightly held and ready for use

B - For polishing strips and articulating paper

Loop strip or paper (with greater or lesser loop, as desired) as shown

1 Once positioned, closing and locking the forceps (as in **3** above) usually completes penetration - if not, finger pressure alone will complete penetration

2 Trim as in (9) above

NEW

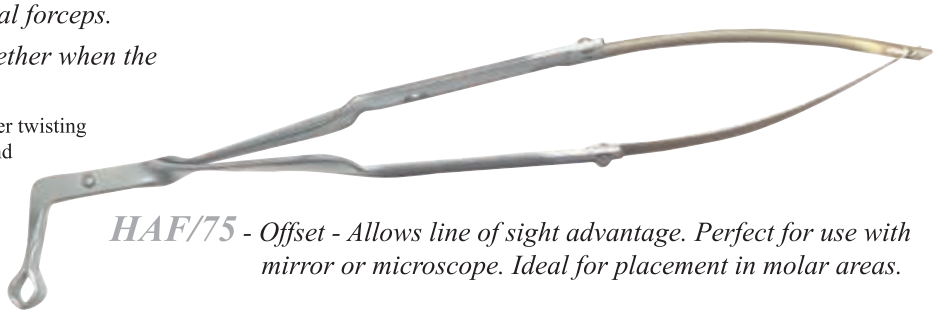
HEALING ABUTMENT FORCEPS

Gently holds and stabilizes healing abutments during the approach, positioning and placement into the implant. The driver easily screws the healing abutment into the implant while being secured by the forceps.

HAF/90 - The perfect universal forceps.

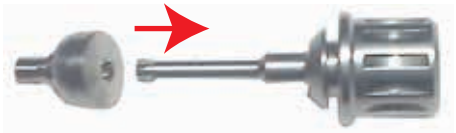
*The prongs of the forceps are together when the instrument is at rest.**

* The forceps will allow conventional finger twisting of the driver while holding, stabilizing and screwing in the healing abutment.



HAF/75 - Offset - Allows line of sight advantage. Perfect for use with mirror or microscope. Ideal for placement in molar areas.

METHOD OF USE:



Healing Abutment **Driver**

Attach driver to healing abutment

Spread the handles of the forceps apart, place the healing abutment between the semilunar prongs and allow the prongs to gently come to rest on the abutment.

Use the forceps to approach the implant, place into position and screw into place.

LASCHAL®

Technological Advancements in Cutting from Laschal Surgical

Dr. Dardik is a surgeon-scientist who seeks to use the power of molecular biology to achieve a modern understanding of vascular disease, and to use the basic science laboratory to perform cutting edge research to ultimately benefit patients with vascular disease.

Dr. Dardik trained at Yale, the University of Pennsylvania, and the Johns Hopkins Hospital before his appointment to the Yale faculty in 2001.

The Dardik laboratory studies the healing and function of blood vessels and synthetic blood vessel substitutes that are used in patients having vascular bypass surgery. The histologic slides prepared by the Dardik Laboratory clearly define the gross iatrogenic damage caused by the use of conventional scissors as compared to the minimalization of damage when using the Laschal scissors.

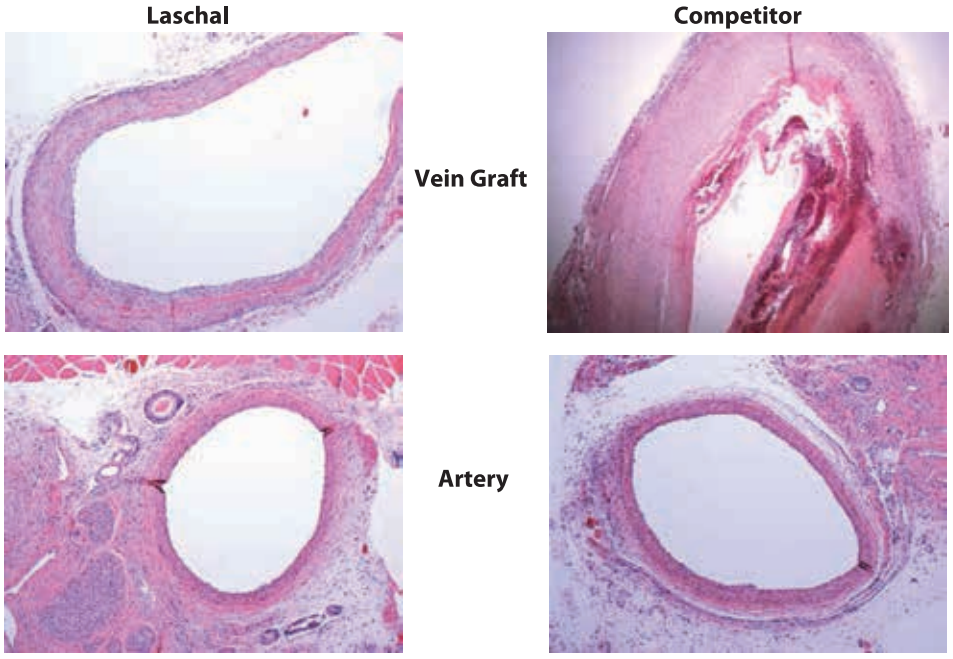
Why this technology works:

Scissors do not cut by cutting, they cut by shearing. Scissors do not initially fail because they get dull. They initially fail because they get loose. They get loose because the pressure that is created by the blades coming together in a zero degree clearance in order to 'shear' the material placed there between is greater than the resistance provided by the screw or rivet that pivots the blades together. Whatever is being cut, from the thinnest, single layered, true epithelial tissue to atherosclerotic arteries, a lateral pressure is placed upon all scissors blades which tend to separate them.

Conventional scissors must be made with a relatively narrow shearing angle between the blades because, in order to increase the edge strength, they must be hardened by a process known as heat treatment. In addition to hardening the blades, the 'heat treatment' process also reduces flexibility and makes the blades more brittle. The net effect is that the blades must be set at a very narrow angulation. If these blades were to be set at an increased angle in order to increase the efficiency of the 'shear', the blades would either 'bite' into one-another or hasten the failure of the pivoting screw or rivet. In such a scissors, a separation of the blades by as little as a .0001" (1/10,000") during surgery is enough to create margins that are 'crushed' rather cleanly cut, with the predictable results.

The Laschal scissors are made of spring stainless steel that is capable of being set at angulations that are at least 300% that of a conventional scissors. The result is that, no matter what is being cut, any lateral pressure placed upon the blades is not enough to effectively separate the blades. The ultimate result is a cleaner cut and improved surgical result.

Less tissue damage in the vein graft originally cut with a Laschal scissors



Technologically Advanced Dental Instruments

LASCHAL®

Technologically Advanced Instruments

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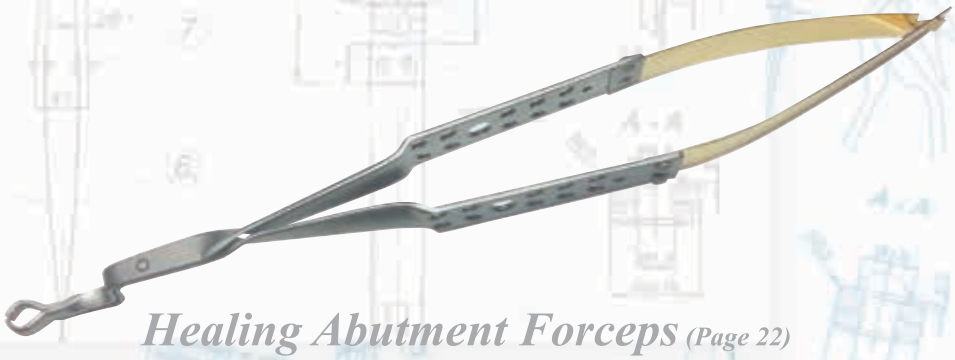
Flexible Periotomes *(Page 12)*

Tunnel Forceps *(Page 13)*



Healing Abutment Forceps *(Page 22)*

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