

Townies Excited About Topical Anesthetic Tricaine Blue

Miguel | Michael J. Melkers, DDS, FAGD | Total Posts: 8,944 | Member Since: 9/9/2000 | Location: Washington | Posted: 9/16/2003 9:44:38 PM | Post 1 of 261



I get excited about some pretty stupid stuff, but topical has not really been one of them until yesterday. Brent sent me some of the blue stuff and I tried it out. Dried, applied BAM! Holy crap! I had pulpal anesthesia in #9-14. I have an endo in #8, so it was easy to compare. Lasted almost 30 minutes! 40 on my assistant!

This stuff is amazing. I did a blade gingivectomy with it today on # 8. I am going to try some SRPs tomorrow and a touchy crown seat. I will keep ya'll posted!

Nancy Hammel | Office Manager | Total Posts: 1,537 | Member Since: 4/20/2002 | Location: Clay Center, KS | Posted: 9/19/2003 9:03:41 PM | Post 15 of 261



This is whom you order the Tricaine Blue from:

John Hollis Pharmacist, Inc.

1923 Hayes Street, Nashville, TN 37203

Ph: (615) 327-3234 · FAX: (615) 320-068

kctoothdoc | John P. Goodman, DDS | Total Posts: 268 | Member Since: 2/17/2002 | Location: Kansas City | Posted: 9/22/2003 11:36:24 AM | Post 23 of 261



Rich, I just spoke with John Hollis. He is not allowed to market the name Tricaine Blue for legal reasons. He calls it simply Topical Anesthetic Gel. The cost is \$35 for one 30 gm tube. Free samples are also available. His instructions were to isolate and dry the area, place small amount of topical on [a] Q-tip, apply to [the] area needing anesthesia, occlude with [a] 2x2, and allow to set for 5-10 minutes.

windmill | Richard Rychetsky, DDS | Total Posts: 2,144 | Member Since: 5/1/2003 | Location: College Station, TX | Posted: 9/23/2003 1:52:04 PM | Post 30 of 261



TAC alternative:

Tetracaine 4%

Epinephrine 2%

Lidocaine 20%

Topical Anesthetic Gel (aka Tricaine Blue):

Tetracaine 4%

Lidocaine 10%

Prilocaine 10%

superdave | Dave Carter | Carter Dental Group, PC | Total Posts: 4,743 | Member Since: 3/3/2003 | Location: East Hartford, CT | Posted: 9/26/2003 1:28:52 PM | Post 40 of 261



Got mine yesterday. Seemed to work well. I like the consistency a little more than TAC as the TB is more like a shaving gel consistency. I had been mixing the TAC with Hurricaine to get better handling properties. I may try it with some scaling patients, but I think I'll need more use to determine what if any pulpal component there is to the anesthesia. Same as TAC though, nobody flinched while getting the needle.

shdds | Stephen Hahn, DDS | Total Posts: 56 | Member Since: 8/8/2002 | Location: Fresno, CA | Posted: 9/27/2003 5:05:29 PM | Post 43 of 261

Got my order last Thursday. First thing I did was put in on myself, then my assistants. I felt like I had pulpal anesthesia on 9 and 10. Same with my dental assistant. First patient I used it on was a 14-yr-old boy. I was doing #4 MO and #14 MOL. Started to drill on 4, and he felt pain, so I gave anesthetic. While I was waiting for the anesthetic to soak in, I decided to prep 14. He felt no pain! It is as good or better than TAC in my opinion. Definitely numbs tissues well. Tried it on other patients in conjunction with my Waterlase and had mixed results. Not a panacea, but one step closer to painless dentistry!

continued on page 82

phoney | Paul Honeycutt, DDS | Total Posts: 2,779 | Member Since: 4/17/2003 | Location: Manchester, TN | Posted: 9/28/2003 8:06:48 PM | Post 44 of 261



I haven't tried the blue stuff yet, but I have the TAC gel tasting pretty good. I think we mixed bubble gum, marshmallow, vanilla as the flavorings. I'm not sure exactly what else was used to mask the bitter taste. My local pharmacy is having fun with it. They keep calling me with numb tongues after testing another ingredient. I'll let you know the whole list when we get it perfected.

gocanes | Craig Rhodes, DMD, MAGD | Total Posts: 1,815 | Member Since: 10/10/2002 | Location: USA | Posted: 9/29/2003 10:49:00 AM | Post 49 of 261



Mike, although this stuff may have a great potential I'm a little bit cautious when following compounded drug recommendations or those for off-label usage of drugs.

Although TAC alternative and EMLA have been used successfully as intraoral topicals by many without any problems, they do represent unapproved (off-label) uses of the drugs. Adverse reactions can happen (like Dave Kimmel's with TAC alt.) and I wonder where that leaves us if they do occur and the outcome is grave.

I'm not trying to rain on anyone's parade here or appear to be a know-it-all, but I'd advise caution when using these drugs, especially in peds as has been stated previously. I know nothing about the regulation of the compounding pharmacy profession (perhaps Jerome can speak better to that) but I am curious as to how such high concentrations of anesthetics (such as what's in Tricaine) can be sold, in the first place, without FDA approval and any apparent testing. Will our patients constitute the clinical trials?

I'm all for painless dentistry but I'd rather err on the side of caution.

Swpmn | Allen L. Williams, DMD | Total Posts: 217 | Member Since: 4/18/2002 | Location: Clearwater, FL | Posted: 10/23/2003 10:01:35 AM | Post 74 of 261

Early report on our use of "Tricaine Blue."

Only used two weeks, but material appears to work well for soft tissue topical anesthesia as reported by

others on Dentaltown.com. Adheres well to dried oral tissue and is colored a medium-light blue so one can see exactly where topical was placed. If you keep saliva off the application site the material stays in place.

We are applying a pea-sized amount of material with a cotton-tipped applicator by rubbing/burnishing for 90 seconds. Patients show little response to a slow, gradual lidocaine/articaine (no arti for IAN blocks) with 30-gauge needle. As yet have observed no tissue damage or systemic effects such as increased heart rate (I do not use this material on peds patients). After completing my injection, I wipe off the blue topical gel with a 2x2 and have assistant rinse patient. So far patients have not complained about taste using this technique.

Do not have much comparative experience in regards to TAC gel alternative. Dave Kimmel gave me a sample of TAC gel, which appeared to work well. Tricaine Blue appears to work at least as well as the original EMLA, which I obtained from Astra.

jhawkdoc | Total Posts: 3 | Member Since: 11/5/2003 | Posted: 11/14/2003 3:07:47 PM | Post 83 of 261

Just a newbie to the town, but thought I would comment on the mixture with questions. If EMLA 2.5% Lido & 2.5% Prilo can penetrate intact skin, then where did a 4x dose of each come from, plus the addition of Tetracaine for mucous membrane. I am not downplaying the "Full Monte," but questioning the pharmacologic basis. I hope this has more than just a compounding pharmacist as the originator. One of the problems with



**WE TAKE YOUR
BEST INTEREST
AND COMPOUND
IT DAILY.**

Customized medication
Topical anesthetics
Flavored medication
Custom strength medication
Discontinued & unavailable medications

Professional Arts Pharmacy

Eric Vidrine, P.D.
David Mayer, P.D.
Lynn Darby, P.D.
Mandie Romero, P.D.
Kevin LaGrange, P.D.
Leah Albarado, Pharm. D.



Professional Arts Pharmacy
Prescription Compounding Specialist

1-888-237-4737 / 1-337-991-0151 fax / Lafayette, LA
FREE FACTS, circle 14 on card





continued on page 84

intraoral topical anesthesia production has been helped with the development of polysorbate mixtures. Drug release depends on a consistent mixture and I would ask if the pharmacist is using a specific commercial prep because I would not want him making a custom prep each time. (How does he measure quality control.) I have used most topicals and prefer EMLA for soft-tissue surgery but it does take time to work. Toxicity levels are tough to measure for topicals but they do occur. Tetracaine and other ester agents (PABA) relatives have higher allergic response rates than esters. If 24% of the mix is active drug there is more risk of reaction.

jhawkdock | Total Posts: 3 | Member Since: 11/5/2003 | Posted: 3/21/2004 9:26:10 AM | Post 170 of 261

Rinsing and wiping of topical should be a routine but sometimes we all get too time oriented to complete even with the 20% benzocaine globs. My DA is my taskmaster to always debulk and rinse. Cool water also helps with tissue reaction without effecting injected anesthetic onset. Tissue reaction that you are seeing may be the anesthetic, but may also be related to the inert ingredients that they combine and solubilize the LA to make it into a stable preparation. If the manufacturing pharm lists the inert ingredients, could you post them on this thread. It might be interesting.

jblake | Jim | Total Posts: 20 | Member Since: 2/10/2003 | Location: Hamburg, NY | Posted: 10/22/2004 9:03:55 AM | Post 224 of 261

I got my Topical Anesthetic Gel two weeks ago from John Hollis. Have used it maybe twenty times on extremely sensitive or phobic patients, explaining that we were trying something new to see if it would better help them. Every single patient has commented that they absolutely felt nothing, and requested that I note in the chart to only use this in the future with them!! Makes me look pretty good in their eyes. Have not experienced any problems yet, but have been careful to minimize amount used, occlude with cotton for several minutes & then rinse profusely after use.

Would like to again pick up on an earlier thread that went unanswered. If it is so important to use on dry tissue & occlude so as to avoid spread of gel, what technique do you use for mandibular block? Also, considering this and [the] need to keep [the] dose small, how does one use it for quad scaling (assuming one does not want a large application to cause tissue sloughing)? It seems that very careful technique can make Tricaine Blue a "wonder drug."

Ken Phelps | Total Posts: 862 | Member Since: 9/27/2003 | Location: Ladysmith, BC | Posted: 10/24/2004 12:12:38 PM | Post 231 of 261



For the mandibular block I have the assistant keep the area dry with one of the small suction tips while I dry the tissue and agitate a small blob of the Tricaine with a Q-tip for a couple minutes. Turning topical application into a 4-handed procedure may seem like overkill, but if, for a total investment of maybe 8 minutes a day you can get the "wow"—hey, cheap advertising. Also, while we're waiting I'm telling the patient about ordering the stuff from some hillbilly in Tenn. that I learned about on the Internet, blah, blah, blah. Adds to the placebo thing (not that TCB needs the help) and just helps in the subtle but relentless message that "we are sparing no effort trying to treat you special."

Also, I have started using my loupes for the injections. Used to just use the regular specs on the theory that I needed to keep oriented to the patients overall head. Turns out not to be a big deal. Enables me to very clearly see when just the bevel has slipped through, stop, inject a drop, wait, and then carry on a la Princes With Horses' description above.

jblake | Jim | Total Posts: 20 | Member Since: 2/10/2003 | Location: Hamburg, NY | Posted: 10/26/2004 2:52:26 PM | Post 238 of 261

I used Tricaine Blue today for surgical exo of fractured off #2 on the manager of my son's hockey team—BIG PHOBIC—5 yrs of phobic dental neglect!! She never was aware that I gave her a palatal injection!! Flapped open, troughed bone, exo, suture, done, & she says, "Let me know when it's out." "All done," I said, & she requests 20 of my cards to take back to the school where she works! God's honest truth!!

FIND IT ONLINE

To read more or talk about topical anesthetic with the Townies, log on to the Dentaltown Message Boards at: <http://www.dentaltown.com/idealbb/view.asp?topicID=21498>