satisfactorily for many years. Glassionomer cement is susceptible to microcracking although the later resinmodified glass-ionomers have a greater fracture toughness. Nevertheless, unmodified glass-ionomer cement has been shown to be sufficient for cementation of posts.14 It would seem prudent therefore to use glass-ionomer cement to lute posts in the first instance in case they need to be removed for endodontic retreatment or, in the event that fracture of the post occurs, a fragment needs to be removed. While resin-based cements have been shown to be suitable for cementation of posts, 14,15 removal of the entire posts or fragments of posts is likely to be difficult without possible extensive destruction of the root dentine.

CONCLUSION

The clinical procedure described in this paper has been shown to be effective for removal of fragments of metal posts that were originally luted with zinc

phosphate or glass-ionomer cements, and the instruments used are readily available in general dental practice. Fragments of posts cemented with resinbased cements might be resistant to removal by ultrasonic vibration and it may be advisable to avoid cementing posts with such cements.

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ABSTRACTS

REDUCE THOSE BROKEN APPOINTMENTS!

The Effect of Confirmation Calls on Appointment-keeping Behaviour of Patients in a Children's Hospital Dental Clinic. A.A. Christensen, R.A. Lugo, D.K. Yamashiro. *Pediatric Dentistry* 2001; **23**: 495–498.

In an extremely simple but well controlled prospective, randomized study, these authors investigated whether a confirmation telephone call made one or two days before a scheduled dental appointment would reduce the number of broken appointments. Over 300 patients were randomly assigned to one of three groups: 1) a confirmation call was made one day before the appointment; 2) a confirmation call was made two days before the appointment; 3) control group with no call.

Overall, there was a 62% reduction in the number of broken appointments. Expressed in a different way, 93% of the patients who received a telephone call

kept their appointments, as compared to 63% in the control group. There was no statistical difference between groups 1 and 2, that is the time of the telephone call was not critical. Interestingly, the greatest reduction in the number of broken appointments was in those patients with private insurance for their treatment.

This work may perhaps be more relevant to those readers practising in large clinics or hospital situations, but it may make an interesting audit project in many busy family dental practices.

ASTITCHINTIME....

Maintenance and Repair of High-speed Dental Handpieces. D.S. Norkiewicz, M.A. Sundberg, R.F. Druckman, L.G. Breault. *General Dentistry* 2001; **6:** 636–641.

High-speed handpieces are an expensive but essential part of dental practice. Handpieces that are worn or malfunctioning are not only dangerous but may, in the words of the authors, affect production. This essential article explains the factors that contribute to handpiece wear and breakdown, and also discusses basic maintenance and repair. It

shows in a step-by-step guide how to dismantle a handpiece, and which parts are likely to require replacement first. Regular servicing of vulnerable parts will lengthen the overall life of the instrument as a whole. The article should be essential reading for those members of staff charged with cleaning and maintenance of equipment.

Routine maintenance procedures are described, and the importance of adhering to the manufacturer's instructions is stressed. How and when to replace bearings and O-rings quickly and easily is described. Simple tips to prolong handpiece life are given, such as placing the handpieces at the top of the autoclave, away from the direct heat source. In addition, practice principles are advised to check the pressure in supply lines regularly, as excess pressure can be just as damaging as low pressure. The latter, of course, means that excess force must be applied when drilling, leading to both stalling of the handpiece and possible pulpal damage to the tooth.

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