

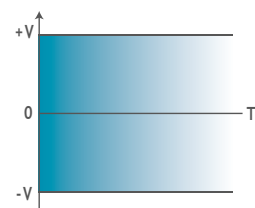
PERFORM ORAL SURGERY ON SOFT TISSUE QUICKLY, PRECISELY AND SAFELY

D'Arsonval proved that high frequency currents above 100kHz have no harmful effects on humans. They will only have a thermal action. The section action is determined by the speed of heat produced which will induce cell vaporization. The coagulation action generates an electric discontinuous wave which will create less heat.

The current quality plays an important role on the cutting and coagulation effect. With more than 30 years of high frequency experience, ACTEON® develops efficient, secure, with unique features unit.

Fully rectified and filtered

- Total respect of biological tissues:
 - A fine and even cut with no side effects
 - Good-quality healing

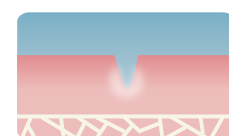


Incision and coagulation

- The only high frequency scalpel on the market that enables incision depth and coagulation to be controlled separately
- Perfect control of treatment:
 - Limiting the risk of burning the tissues
 - Efficient control of bleeding allows excellent visibility of treatment area



Incision



Incision and coagulation

ELECTROSURGERY

INCISION & COAGULATION

30 watts is enough for greater efficiency.

Technological performances

- ☐ Controlled power
- ☐ Reliable and reproducible setting
- ☐ Safer with maximal efficacy
- ☐ Less energy loss

Controlled power for all electrosurgical applications

- Incisions/Excisions
- Frenectomy
- Gingivoplasty
- Coagulation
- Abscess incision
- Exposure of impacted/retained teeth
- Gingivectomy
- Etc.

Conductive bracelet



ACTEON®'s choice for a bracelet system is the best compromise for safety and convenience:

- ☐ Easy to install to enhance patient acceptance
- ☐ In direct contact with the patient's skin
- ☐ Easily disinfected
- ☐ Adjusted to a contact region with a low resistance
- ☐ Perfect size to avoid concentration of heat
- ☐ More security: in compliance with new standards

Reliable and compact unit

- ☐ Very compact
- ☐ User-friendly for a fast setting up
- ☐ Only two potentiometers (incision and coagulation)
- ☐ Settings can be very finely adjusted according to the different types of tissues encountered

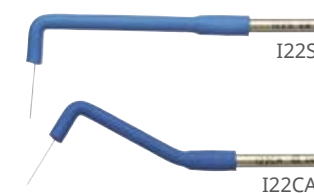
Electrode holder

- ☐ Light and autoclavable
- ☐ Simple-to-mount electrodes
- ☐ The electrode is insulated by a sheath, only the active part is in contact with the soft tissue

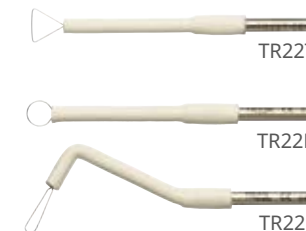


Classification of electrodes according to their size and hemostatic capacity

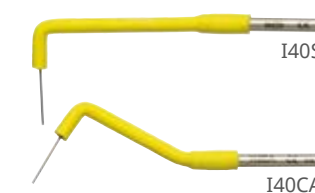
Incision
Ø 0.22mm



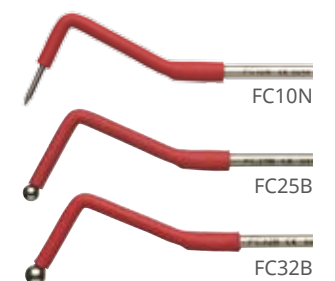
Excision
Ø 0.22mm



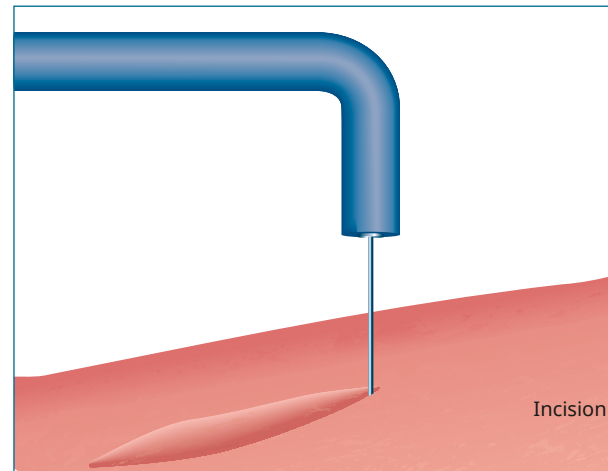
Coagulating incision
Ø 0.40mm



Fulguration and coagulation
Ø 1mm / Ø 2.5mm / Ø 3.2mm

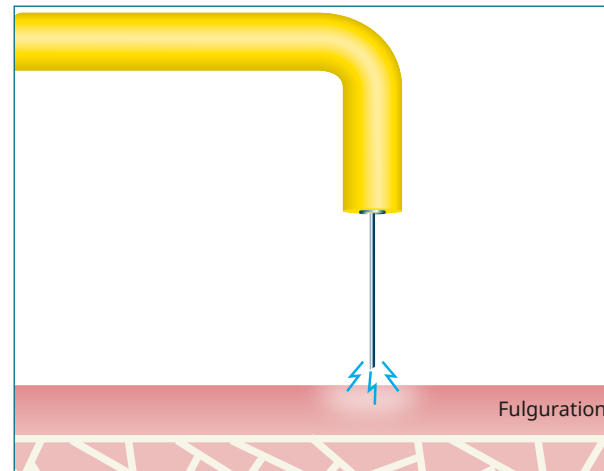


TECHNIQUES OF USE



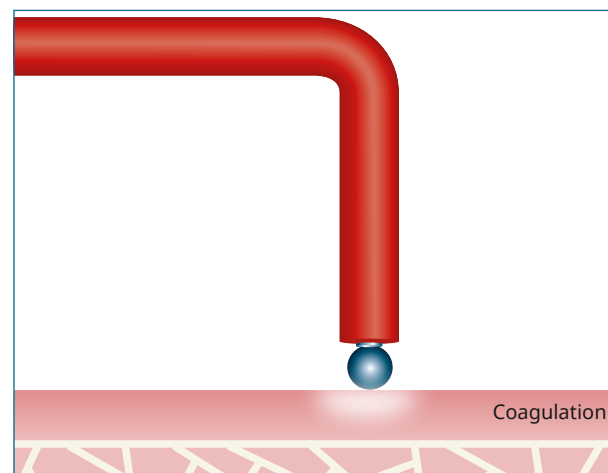
Electrosection

Vaporizing the tissue with the active electrode makes it possible to cut quickly without damaging the edges of the incision.



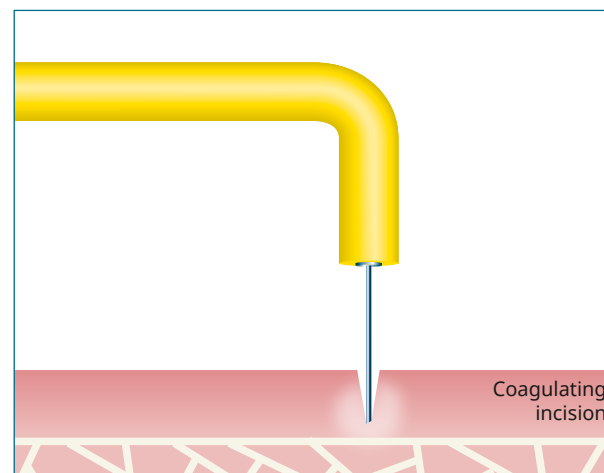
Fulguration

Makes it possible to surface coagulate gingival tissue while protecting the underlying layer.



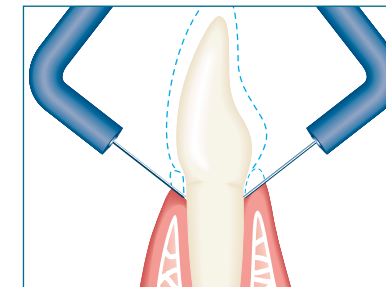
Coagulation

Concentrating energy at the surface of a massive electrode makes it possible to diffuse the heat to the surrounding tissue and produce instantaneous hemostasis.



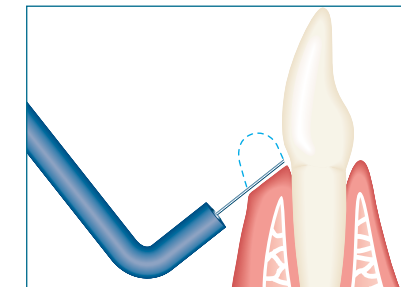
CLINICAL CASES

ELECTROSURGERY



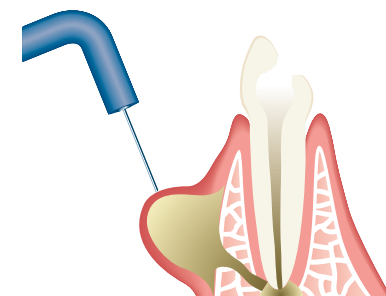
Gingival Eviction

One of Servotome®'s best recommended uses; can easily be combined with the Expasyl® technique (Acteon® Pharma).



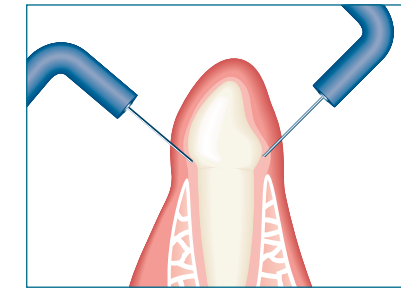
Gingivectomy

For extremely precise tracing of the ideal gingival line.



Abscess incision and drainage

Fast and deep treatment.



Exposure of impacted tooth

Circular incision for a clean and successful exposure.

	SURGICAL APPLICATION	ELECTRODE(S) RECOMMENDED									
		I22S	I22CA	TR22T	TR22R	TR22L	I40S	I40CA	FC10N	FC25B	FC32B
ORAL SURGERY	Gingival eviction	■	■								
	Abscess incision and drainage	■	■				■	■			
	Exposure of impacted tooth - operculotomy	■	■								
	Removal of the pericoronal sac	■	■								
	Hemostasis						■	■	■	■	■
RESTORATIVE DENTISTRY	Dental neck exposure	■	■								
	Exposure of fractured root crown lengthening	■	■				■	■			
	Elimination of hypertrophic gingiva			□	□	□		■			
	Widening of sulcus	■	■				■	■	■		
	Gingival modeling of edentulous crest			□			■	■			
ORTHODONTICS	Exposure of impacted tooth	■	■								
	Frenectomy	■	■				■	■			
	Crown lengthening for brackets placement	■	■				■	■			
	Elimination of hypertrophic gingiva	■	■	□	□	□	■	■		■	
OPERATORY DENTISTRY	Preparation of cavity for inlay before impression						■	■	■		
	Frenectomy	■	■				■	■			
PERIODONTICS	Flap surgery	■	■								
	Gingivectomy	■	■	□	□		■	■			
	Gingivoplasty	■	■	□	□		■	■			
	Stripping	■	■	□	□		■	■			