



Appendix 1: Mouth mirrors + Laryngeal mirrors  Date: 2020-12

 **Product-related warnings**

- **Mouth Mirrors are not suitable for ultrasonic cleaning.**
(AKI Edition 4/2016)
- **Glass breakage**
 - 1) The glass can break if processing is made incorrectly, e.g., if high pressure is used to remove encrusted impurities.
 - 2) The mirror glass can break and/or splinter during use, e.g., if pressure is applied to the glass.

Therefore, take **precautionary measures** – especially with children and difficult patients – such as using a rubber dam or saliva ejector, which prevents biting or clenching.

If necessary, remove the mirror pieces using appropriate tools, e.g., tweezers or an aspirator. **Ensure proper protection against glass particles with regard to risk of injury and infection.**

Our tip: **Saphir FS Rhodium** mouth mirror REF 6088 with sapphire-hard glass.
Also observe the precautionary measures with this mouth mirror with respect to residual risk of glass breakage.



Fig. 1: MEGA FS, ULTRA FS, Saphir FS



Fig. 2: RELAX

Tips for processing + handling

- **1. Mechanical impairment (scratches)**
Do not use **hard brushes** or sponges. They can scratch the surface of the mirror and damage the coating of all front surface mouth mirrors (Fig. 3).
- **2. Limescale deposits and residues**
When using a W/D for processing, make sure the decalcification is correctly adjusted. With manual processing, rinsing after cleaning should be done with fully desalinated, deionized water in order to prevent limescale residues on the instrument, which leave behind white deposits or water spots that burn into the surfaces of the following mirrors and cannot be removed (Fig. 4):

SEplus, SEflex, Economy (rear surface mirrors)
ULTRA FS, ULTRAvision FS (front surface mirrors)

Our tip: **MEGA FS Rhodium, Saphir FS Rhodium**
Rhodium acts as a non-stick coating. Rhodium is acid resistant like gold. Combined with the non-stick effect, limescale residues can therefore be easily removed using acidic cleaners (e.g., neodisher N).



Fig. 3: Scratches/Cleaning strips



Fig. 4: Water spots

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- **3. Incorrect mounting of a standard mouth mirror on a handle**
When mounting the mouth mirror on a handle, bear in mind that very high forces are generated especially during final tightening of the mouth mirror, which can have an adverse affect on the welding if it is subjected to it. Therefore, always hold the mouth mirror by the stem – not the frame. This way, you can screw on the handle and firmly tighten the screw thread with one last strong twist **without** damaging/deforming the welding and/or frame, which would impair the secure connection of the mirror (Fig. 5+6+7).

Our tip: **MEGA Rhodium, ULTRA** (Fig. 1)
RELAX Rhodium, RELAX Ultra (Fig. 2)
The frame and stem or frame and stem including handle are made of one single piece.



Fig. 5



Fig. 6

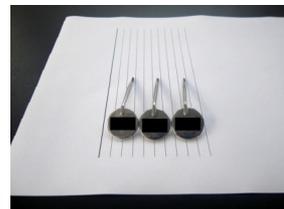


Fig. 7

Inspection and functional check

However, the mouth mirror is inspected prior to sterilization to ensure it is working properly.

Performance criteria

- Mirror is free of defects such as cracks, nicks and scratches
- Mirror frame and stem are securely connected (see also point 3 above)
- Mirror glass sits securely in the frame

With mouth mirrors and laryngeal mirrors, unfavorable conditions can negatively impact the construction. The following have therefore to be avoided: Ultrasonic cleaning, high and rapid temperature changes (short program), incorrect mounting of the mouth mirror/laryngeal mirrors on the handle (see point 3 above).

Procedure

Visual and/or manual inspection with regard to the performance criteria (see above).

Impact on patient safety and safe use

Without the inspection and functional check, it's possible that due to incorrect handling/processing parts of the mouth mirror may come off and fall into the patient's mouth during treatment, e.g. the frame detaches from the stem or the mirror from the frame. **Especially in the case of laryngeal mirrors that are applied up to the larynx, a loosening part can lead to further complications, such as swallowing or inhalation.** The usual complications associated with such occurrences can occur. Safe use is no longer guaranteed.

Faulty and/or defective instruments have to be discarded.