

THE DENTAL ADVISORTM

Improving Patient Care Through Research & Education



Looking Back over 30 Years - Composites and Bonding Agents

Early composites were an excellent alternative to amalgam as they provided a bond to tooth structure and superior esthetics. As materials improved, so did the wear properties and resistance to fracture. Dental companies were challenged to improve esthetics and handling while maintaining strength. Today, many composites have found a good balance among handling, esthetics, and strength. Meanwhile, bonding agents have become highly reliable on both enamel and dentin surfaces.

This issue of THE DENTAL ADVISOR reviews the improvements in composites and bonding agents over the past 30 years as well as the latest developments. Long-term clinical data on bonding agents and composites are presented.

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www.dentaladvisor.com

RATINGS:

Excellent + + + + +
Very Good + + + +
Good + + +

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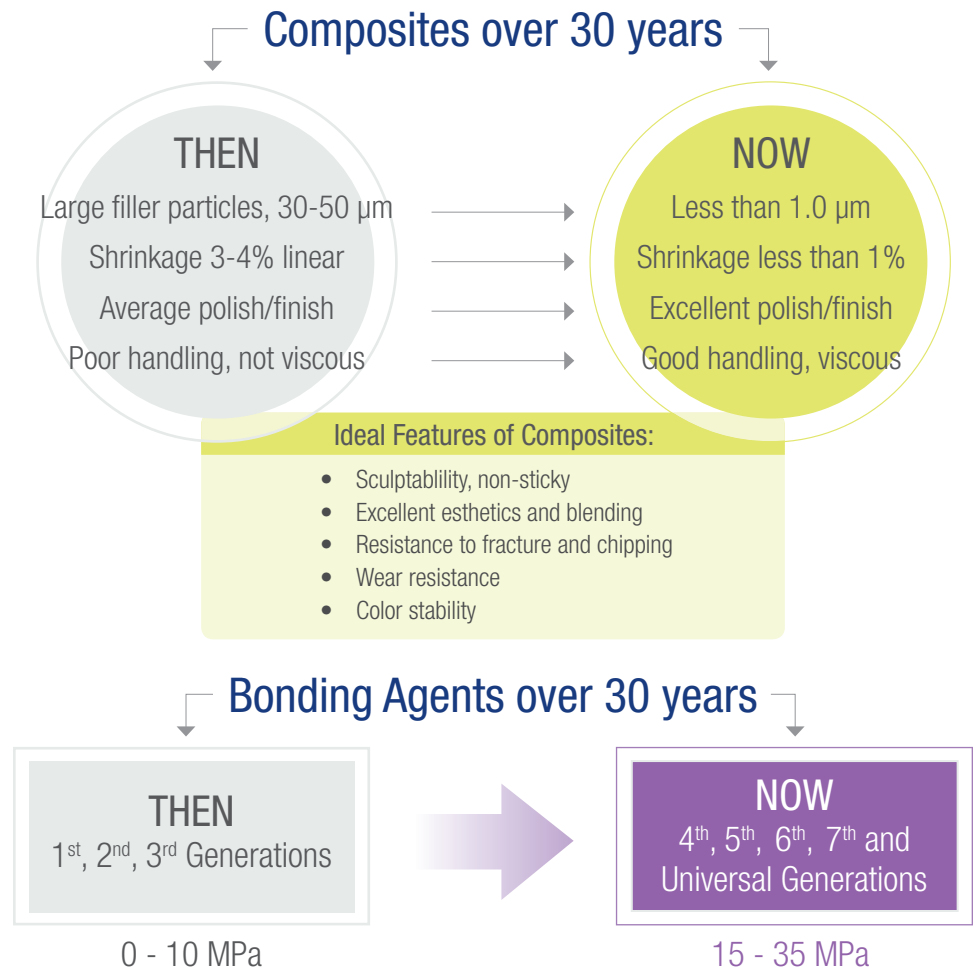
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From the Desk of Dr. Bunek, Editor-in-Chief



Composites and bonding agents continue to be a developing area in dentistry. Since I graduated dental school, many new products have arrived on the market. Luckily, I have the privilege of working with a group of doctors who have tested the clinical properties of composites and bonding agents since their inception over 25 years ago. As a clinician, I want the assurance that composites and bonding agents are compatible, will resist fracture and chipping, and last over time. Composites can fail over time due to poor bond to dentin or enamel, which is exhibited in marginal leakage and discoloration over time. This is why it is critical to examine the performance of composites and bonding agents in vivo over

time. As new materials are introduced, THE DENTAL ADVISOR is tracking performance over time for nano composites, bulk fill composites, and traditional microfill composites. Be sure to keep up with our reporting as you select the right composite for your practice. As always, I welcome your comments and suggestions: You can reach me at drbunek@dentaladvisor.com. Thank you for your continued support and reading!



Ideal Features of Bonding Agents:

- No post-op sensitivity
- Excellent retention
- Resistance to marginal discoloration
- Easy to use (not technique sensitive)

Bonding systems have also evolved over time. Early materials required several steps to achieve the necessary bond strength. The bond to dentin and enamel showed different results. Some bonding agents were very technique sensitive and resulted in debonds, fractures and microleakage. Over time bonding systems have been simplified and bond strengths to dentin and enamel have increased.

Ask Dr. Farah and Dr. Powers

Drs. John Farah and John Powers have watched the evolution of many dental materials from a clinical and laboratory perspective since 1965. We have asked them to share their experiences in hopes that we can gain a greater appreciation for the changes that have occurred and understand the trends we are seeing today.



Dr. John W. Farah

Q: What changes in composites do you feel have most dramatically impacted dentistry over the past 30 years?

A: Modern composites definitely have better handling, resulting in easier placement. I prefer composites that are somewhat condensable - more viscous and more highly filled - resulting in easier contouring and development of anatomy. I want a composite that is easy to shape and will maintain its form but not drag. Good examples are **Tetric EvoCeram** (Ivoclar Vivadent) and **Aura** [SDI (North America) Inc.]. Modern composites also have better wear characteristics and excellent shade stability. I just observed a **Tetric EvoCeram** composite where there was no detectable wear and the shade was perfect after 10 years. Because of the very small size of filler particles, modern composites polish well and retain their gloss over time too. The strength properties are outstanding; it is rare for a clinician to see an actual fracture of a composite.

Q: Do you feel the changes in bonding systems (eliminating etch, creating single bottle systems, etc.) have had a positive impact on direct restoratives?

A: Modern bonding agents are less technique sensitive and provide improved bond strengths to enamel and dentin. I hardly ever observe staining at the margins with modern bonding systems.



Dr. John M. Powers

Q: From a laboratory perspective, what changes have you seen in composites that have most dramatically affected the quality of the restorations we place?

A: The resins and initiator systems used in composites are higher in quality resulting in better color stability. The newer filler particles are smaller and have better distribution to provide improved strength and wear resistance. The use of nano fillers has resulted in better handling and improved polishing.

Q: The trend over the past 30 years has been toward combining several steps in bonding and eliminating etching with phosphoric acid. Are self-etching bonding systems better than total-etch bonding systems?

A: Single-bottle, self-etching bonding agents are easier to use and have less technique sensitivity than total-etch systems using phosphoric acid. Bonds strengths of self-etch and total-etch bonding agents are comparable. The new universal bonding agents can be used as either total-, selective- or self-etch systems.

Q: As you look to the future, what changes do you see on the horizon in direct placement of restorations?

A: **Dr. Farah:** I believe there will be continued improvements in placement techniques and handling characteristics. There will be improvements in properties such as strength and esthetics.

Dr. Powers: There will be newly developed resins and fillers in composites of the future. Improvements are still needed in strength, wear resistance and color stability. There is also interest in development of antimicrobial composites.

Long-term Data: Composites

Long-term Characteristics of Composites:

Resistance to Fracture/Chipping

Measure of chipping or fracture.

Resistance to Marginal Discoloration

Measure of microleakage or the amount of staining caused by external or extrinsic factors.

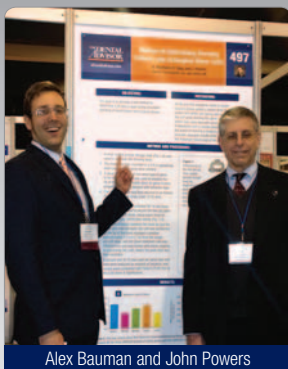
Wear Resistance

Measure of wear facets observed in areas of occlusion.

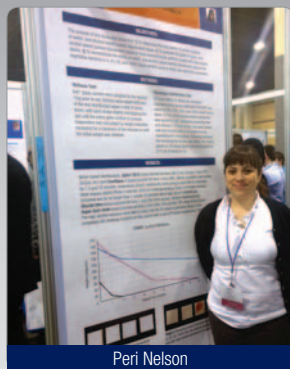
Esthetics

Measure of color stability over time and resistance to extrinsic stain.

TDA at the AADR:



Alex Bauman and John Powers



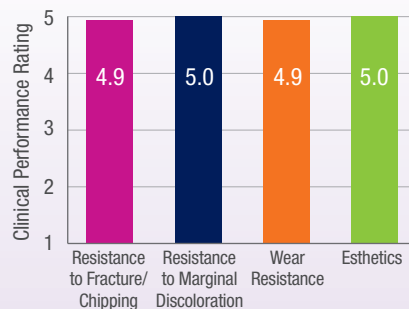
Peri Nelson

Team members from THE DENTAL ADVISOR - Ron Yapp, John Powers, Peri Nelson and Alex Baumann - attended the American Association for Dental Research meeting in Charlotte, NC, in March. Peri presented a poster reporting her research on the cleaning and disinfecting ability of alcohol- and water-based wipes. Alex presented his poster reporting a method for measuring the donning strength of latex and nitrile exam gloves. The team met with several manufacturers to discuss potential research projects. They also attended oral and poster sessions reporting on the latest research on dental materials and infection control. Hot topics were novel monomers for improving resin composites, properties of monolithic ceramics and antimicrobial and re-mineralizing restorative materials. Peri also attended the ADA Standards Committee for Dental Products meeting, in which she participated in working groups developing standards in the area of infection control.

G-aenial Universal Flo at 3 years

GC America, Inc

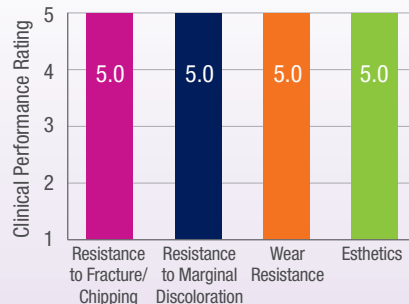
(800) 323-7063, (708) 597-0900 | www.gcamerica.com



Venus Diamond w/ iBond SE and iBond TE at 6 months

Heraeus

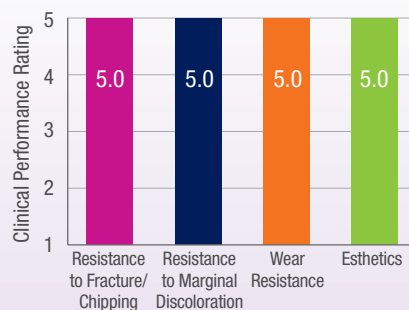
(800) 431-1785 | www.heraeusdentalusa.com



Venus Pearl w/ iBond SE and iBond TE at 6 months

Heraeus

(800) 431-1785 | www.heraeusdentalusa.com



Long-term Data: Bonding Agents

The success of any direct restoration is determined by several factors coming together in perfect alignment. Choosing the proper composite, bonding system and having the wisdom to follow the manufacturers' instructions for use are essential. THE DENTAL ADVISOR has tracked a variety of composites and bonding agents over time to determine which products function best when used with proper placement protocols.

Long-term Characteristics of Bonding Agents:

Resistance to Marginal Discoloration

Measure of microleakage or the amount of staining caused by external or extrinsic factors.

Retention

Measure of debond rate.

ALL-BOND UNIVERSAL

+++++

Bisco Dental Products

(800) 247-3368

(847) 534-6000

www.bisco.com



Product Description: *ALL-BOND UNIVERSAL* is a single-component, light-cured bonding agent containing MDP that combines etching, priming and bonding in one bottle. It may be used in self-etch, total-etch or selective-etch bonding techniques. *ALL-BOND UNIVERSAL* is also indicated for desensitization of preparations prior to provisionalization/immediate dentin sealing and for the desensitization of exposed root surfaces. *ALL-BOND UNIVERSAL* was evaluated by 19 consultants in over 900 uses. It received a 96% clinical rating.

Current Trends in Composites and Bonding Agents

Composites have undergone many changes over the years. New systems have evolved to enhance the characteristics of materials. Some of the recent changes have focused on providing simplified systems to minimize steps, improve esthetics and reduce fracture and wear.

Bulk-fill Composites

Bulk-fill composites were introduced to reduce the placement time of posterior composites. These composites can be cured in increments up to 4-5 mm.

Venus Bulk Fill (Heraeus)

Tetric EvoCeram Bulk Fill (Ivoclar Vivadent)

New Shading Systems for Composites

While traditional composites often come with numerous dentin and enamel shades, new composites with enhanced translucency allow excellent shade matching with only 5-10 shades.

CLEARFIL Majesty ES-2

(Kuraray Dental America)

Aura (SDI (North America), Inc.)

Estelite Sigma Quick

(Tokuyama Dental America)

Syringeable Universal Composites

Syringeable (flowable) universal composites have the strength and wear resistance of traditional universal composites but can be placed directly using a syringe.

G-aeneal Universal Flo (GC America)

BEAUTIFIL Flow Plus (SHOFU DENTAL CORP.)

BEAUTIFIL Flow Plus

++++ ½

SHOFU Dental Corporation

(800) 827-4638

(760) 736-3277

www.shofu.com



Product Description: *BEAUTIFIL Flow Plus* is a fluoride-releasing and recharging, light-cured flowable restorative material that incorporates Giomer technology. It is designed to be a base, a liner and a final restorative all in one and is available in two viscosities [*Zero Flow (F00)* and *Low Flow (F03)*] delivered from syringes designed for no dripping or oozing. *BEAUTIFIL Flow Plus* was evaluated by 15 consultants in 377 uses. It received a 91% clinical rating.

Universal Bonding Agents

Universal bonding agents are typically single-bottle systems that allow both self-etch and total-etch bonding. Some systems contain primers that allow bonding to silica- and zirconia-based ceramics and even metals.

ALL-BOND Universal (Bisco Dental Products)

Scotchbond Universal Adhesive (3M ESPE)

RelyX Ultimate Adhesive Resin Cement

3M ESPE

(800) 634-2249 | www.3mespe.com

Description

RelyX Ultimate Adhesive Resin Cement is an adhesive resin cement available in a dual-barrel syringe with mixing tips for easy mixing and dispensing. Used in conjunction with **Scotchbond Universal Adhesive** (3M ESPE), it results in high bond strength to both enamel and dentin - measured to be over 30 MPa by THE DENTAL ADVISOR. **RelyX Ultimate Adhesive Resin Cement** includes a component that activates the self-cured function of the bonding agent and eliminates the need for an additional dual-cure activator. **Scotchbond Universal Adhesive** also functions as a primer for silica-based ceramics, zirconia and metal substrates. It can also be used with total-etch, selective etch or self etch bonding techniques. The combination can be used for cementing silica-based ceramic (glass ceramic), zirconia, PFM, and CAD/CAM restorations. **RelyX Ultimate Adhesive Resin Cement** is available in shades: Translucent, B 0.5 (Bleach), A1 and A3 Opaque.

Clinical Evaluation Protocol

During a 28-month period, over 1000 restorations were cemented with **RelyX Ultimate Adhesive Resin Cement** and **Scotchbond Universal Adhesive** by four dentists. The restorations included mostly crowns; bridges (3, 4 and 5 units); and a few inlays, onlays and veneers (Figure 1). The vast majority were silica-based ceramic (glass ceramic) and zirconia restorations (Figure 2).

Results at Two-year Recall

Lack of Sensitivity

Lack of sensitivity was rated excellent (Figure 3). Fourteen patients reported mild to moderate sensitivity lasting for a period of a few days after cementation. One patient experienced sensitivity that lingered for about one month, which dissipated after an occlusal adjustment. Three teeth, one of which had irreversible pulpitis, required root canals over the evaluation period.

Resistance to Marginal Staining

Resistance to marginal staining was also rated excellent (Figure 3). Five of the recalled patients presented with very slight discoloration (a rating of 4) at the margin that did not require intervention. A sixth patient had severe discoloration of a posterior crown requiring its replacement.

Retention

Retention was excellent (Figure 3). Six crowns debonded during the first 28 months of service (1.0% debond rate). An additional five restorations (two veneers and three crowns with short preparations) also debonded (1.9% debond rate). Overall the retention was high (98%) attesting to the high bond strength of the cement to both restorative material and tooth structure.

Conclusions

RelyX Ultimate Adhesive Resin Cement used with **Scotchbond Universal Adhesive** performed exceptionally well at the two-year recall, based on observations of low sensitivity, minimal marginal discoloration and a high retention rate. **RelyX Ultimate Adhesive Resin Cement** received a 99% clinical performance rating. ■

2-year Clinical Performance

+++++



Consultants' Comments

"Loved the material – it was easy to work with and had a very reliable bond."

"I cemented two inlay bridges with minimal retention with great results."

"Loved the simplicity of the system."

"Very retentive cement with extremely high retention rate."

FIGURE 1

Distribution of restorations evaluated at two years.

■ Crowns
■ Bridges (3, 4 and 5 units)
■ Inlay/Onlays Veneers

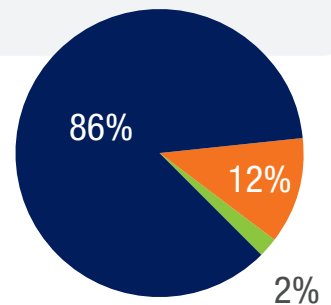


FIGURE 2

Distribution of restorative material.

■ Zirconia-based
■ Silica-based
■ PFM

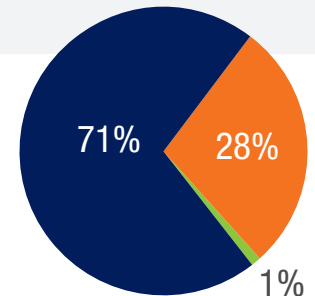
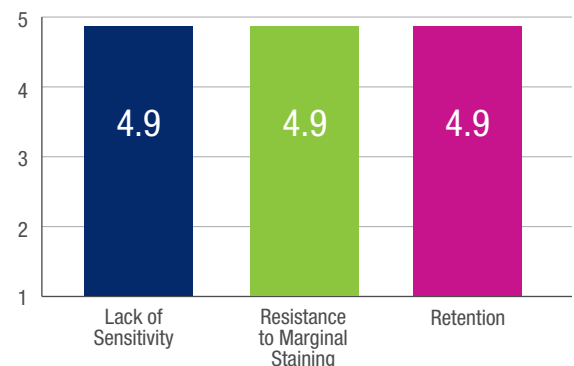


FIGURE 3

Results at Two-year Recall



Prelude One

Danville Materials

(925) 973-0710 | www.danvillematerials.com

Description

Prelude One is a single-component, light-cured, universal dental bonding agent. It may be used as a self-etch or total-etch adhesive and has a light cure time of 10 seconds. **Prelude One** is compatible with light-cured, dual-cured, and self-cured composites with no activator required. **Prelude One** is designed to bond composite resins to surfaces including dentin, enamel, zirconia, alumina, metals, porcelain, lithium disilicate, and composite. Application involves a 20-second scrub on the tooth, air dry and 10-second light cure. **Prelude One** is supplied in 5 mL dropper bottles and 0.1 mL unit-dose vials. **Prelude One** was evaluated by 29 consultants in 972 uses. This universal bonding agent received a 96% clinical rating.

Suggested Retail Cost

Bottle	\$99.95
Unit dose	\$106.95

Product Features

Prelude One is a bonding agent that meets all clinical needs with a simple, quick application. The versatility to bond cements and composites to any substrate reduces the number of different products that dentists had to keep in the office. Dental assistants appreciated only having to learn one bonding system. The compatibility with dual- and self-cured composites is a positive feature. The unit-dose containers are easy to open and the well is wide enough to easily fit the brush. **Prelude One** wets the tooth evenly, leaving a glossy coat after air drying and light curing. Consultants liked the fact that the bonding procedure was the same whether they used **Prelude One** with the self-etch or total-etch technique. ■

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Consultants' Comments

"A truly universal material."

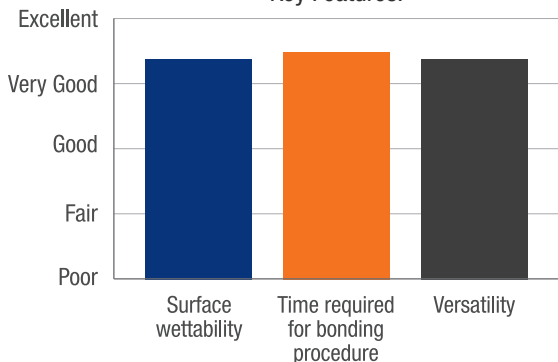
"No post-op sensitivity."

"I love having only one bottle with no separate activator."

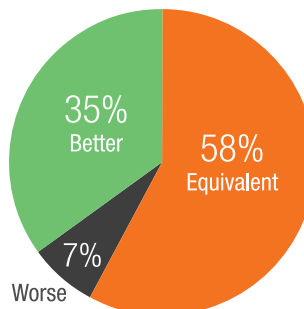
"No refrigeration required."

"Unit dose container could be shallower."

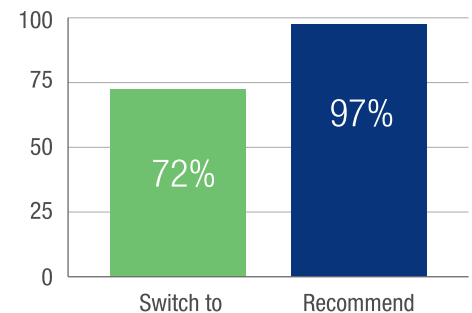
Key Features:



Compared to competitive products:



Percentage of consultants who would:



ClearView Scavenging Circuit

Accutron, Inc.
(800) 531-2221 | www.accutron-inc.com

Description

ClearView Scavenging Circuit is a nitrous oxide delivery and removal system. The circuit consists of a vacuum control assembly, a breathing bag and tubing. The system mounts on most brands of flowmeters, scavenges at NIOSH's and ADA's recommended rate of 45 liters per minute, and reduces the amount of nitrous oxide in the ambient air. The components are x-ray compatible, autoclavable and latex free. **ClearView Scavenging Circuit** was evaluated by 21 consultants in 373 uses. This nitrous oxide system received a 95% clinical rating.

Suggested Retail Cost	\$716.00/system
-----------------------	-----------------

Product Features

ClearView Scavenging Circuit provides quiet delivery and removal of nitrous oxide and oxygen during dental procedures. Adjustment of the scavenger utilizes a knob with a dial gauge that has a clearly marked safe zone. Attachment of the tubing to the nasal hood can be done quickly, and it is stable once connected. The corrugated tubing is flexible but rigid enough that it does not bend or collapse, blocking air flow. ■

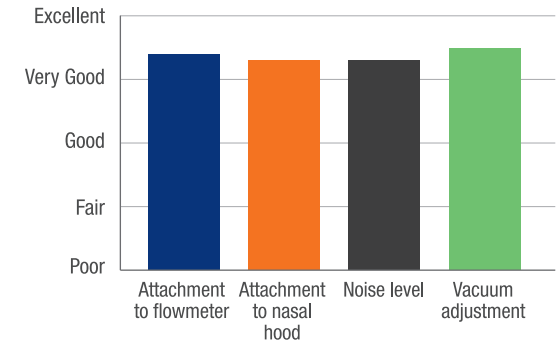
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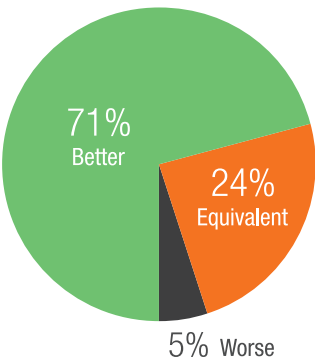
Consultants' Comments

- "Much quieter than other scavengers."
- "Tubing does not kink or collapse."
- "I love this system. It was easy to install, has a clean appearance and works very well."
- "Vacuum gauge is easy to set in the green safe zone."
- "Smooth tubing would be easier to wipe clean."

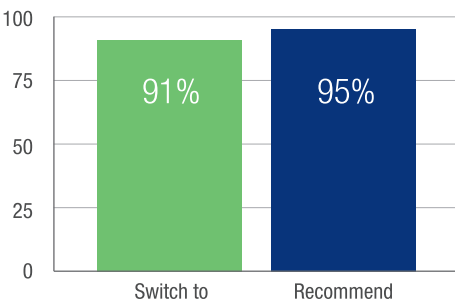
Key Features:



Compared to similar products:



Percentage of consultants who would:



SofPull® Automatic Touchless Towel Dispenser

Georgia-Pacific Professional

1-866-Hello GP; 1-866-435-5647 | www.gppro.com

Description

SofPull® Automatic Touchless Towel Dispenser is a hands-free device that operates with a motion sensor that is available in translucent white and translucent smoke colors. It offers efficiency and convenience while helping to reduce the risk of cross contamination. Upon sensing hand motion, the unit delivers a length of towel. The dispenser has a slim profile and operates on four D-cell batteries. **SofPull® Automatic Touchless Towel Dispenser** accepts rolls of single-ply towels, available in sizes of 2400 and 3000 linear feet. **SofPull® Automatic Touchless Towel Dispenser** was evaluated by 25 consultants in over 1350 uses. This automatic towel dispenser earned a 91% clinical rating.

Suggested Retail Cost

Unit	\$50.00
6-roll towel refill package	\$49.00

Clinical Observations

Installation

Installation is simple, with common screws and anchors. Batteries are included.

Quality of Towels

This dispenser must use the manufacturer's refill towels. The average towel dispensed was about 9" x 12", adequate for hand drying. Consultants reported that they would have liked a softer, less stiff towel with more absorbency.

+++ 1/2



Consultants' Comments

"Slim profile fits into tight spaces."

"Motion sensor worked flawlessly."

"Attractive design."

"The paper is too rough for my skin."

"Stainless steel would be more durable than thin plastic."

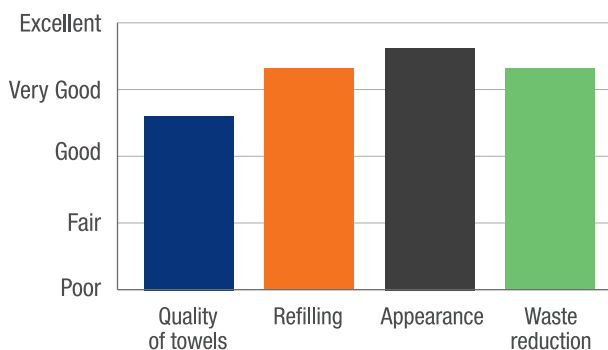
Dispenser

The **SofPull® Automatic Touchless Towel Dispenser** responds to hand motion, dispensing a controlled length of towel that can be torn off. No touching of the dispenser is required. Replacing the roll of towels is easy by opening the front of the dispenser with a key. The compact size does not overwhelm small sites.

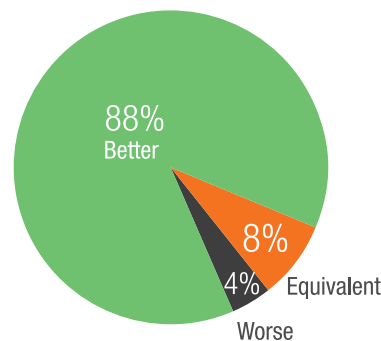
Efficiency

Adjustable settings for paper length (S,M,L) allows users to set their preferences for the amount of towel used. ■

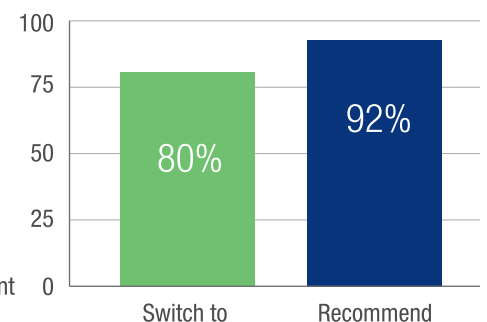
Key Features:



Compared to current product:



Percentage of consultants who would:



GP Georgia-Pacific™ Manual Soap and Sanitizer Dispenser

Georgia-Pacific Professional
1-866-Hello GP, 1-866-435-5647 | www.gppro.com

Description

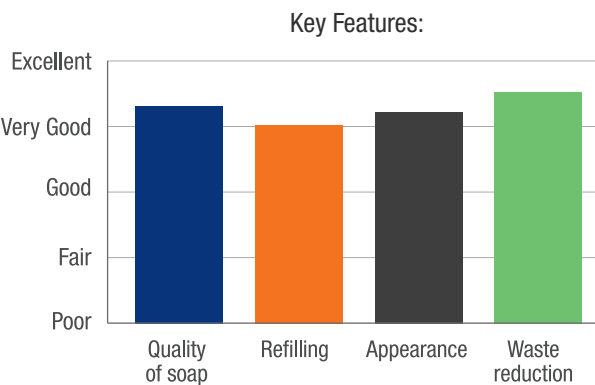
The GP™ Manual Soap and Sanitizer Dispenser is a wall-mounted unit that accepts bags of either soap or sanitizer. The dispenser is a hygienic, closed system to help reduce exposure to external contamination sources and offers adjustable portion control (choose 0.4 or 0.7 mL for foam products). The soap or sanitizer level is easily visible to aid in timely replacement. The dispenser is available in Splash Blue, Smoke and Translucent White. It also meets ADA Guidelines by requiring less than 5 lbs. of pushing force. Soap refills are available in 1200 mL bags in a variety of formulas. Sanitizer is available in a 1000 mL bag. The GP™ Manual Soap and Sanitizer Dispenser was evaluated with foaming soap by 12 consultants in over 900 uses. This soap dispenser earned a 92% clinical rating.

Suggested Retail Cost	
Unit	\$24.50
4-count refill foam soap	\$69.55

Clinical Observations

Installation

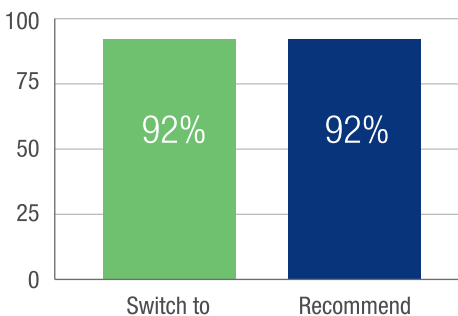
The included bracket is easily mounted to the wall with screws or adhesive tape. The dispenser sides onto the bracket and is removable for cleaning.



Compared to current product:



Percentage of consultants who would:



++++ 1/2

Consultants' Comments

- "Clean looking, modern appearance."
- "Soap has a pleasant fragrance."
- "Smaller dispensers would look neater in my operatories."
- "Black dispenser does not match my décor."

Quality of Soap

The two Georgia-Pacific foam soaps evaluated were a scented variety and an unscented antimicrobial variety. The mildly citrus scented soap was ideal for patient areas. The antimicrobial soap was used in staff areas for frequent handwashers. The soap spreads quickly and rinses off thoroughly.

Dispenser

When set on the 0.7 mL portion setting, the amount of soap dispensed by the GP™ Manual Soap and Sanitizer Dispenser is just the right amount. No excess soap was reported to drip onto the counter or floor after use.

Efficiency

Soap refills last a long time by metering doses for each use. ■

Compact® Side-By-Side Double Roll Bathroom Tissue Dispenser

Georgia-Pacific Professional

1-866-Hello GP, 1-866-435-5647 | www.gppro.com

Description

The **Compact® Side-By-Side Double Roll Bathroom Tissue Dispenser** holds two high capacity rolls and is designed for professional use. It holds up to six times the capacity of a single standard two-ply roll, delivering up to 3000 sheets of two-ply tissue and is available in translucent white, translucent smoke and splash blue. The **Compact® Side-By-Side Double Roll Bathroom Tissue Dispenser** prevents access to a new roll before the current roll is completely used, driving toward 100% usage and helping to minimize waste. This dispenser accepts rolls of single ply or two-ply tissue. The **Compact® Side-By-Side Double Roll Bathroom Tissue Dispenser** was evaluated by 25 consultants in over 1200 uses. This bathroom tissue dispenser earned an 83% clinical rating.

Suggested Retail Cost

Dispenser unit	\$20.03
36-count box of bathroom tissue	\$98.30

Clinical Observations

Installation

Mounting is straightforward and can be accomplished with direct wall mount or via a plate with double sided tape.. Placement at a higher level than normal aids in grasping the end of the tissue where it exits the covered dispenser.

Quality of Tissue

Users of the **Compact® Side-By-Side Double Roll Bathroom Tissue Dispenser** were limited to using the manufacturer's tissue to refill the dispenser. This evaluation included **Georgia-Pacific Angel Soft PS® Compact® White Coreless 2-Ply Premium Embossed Bathroom Tissue**. Consultants reported that they were used to having a higher quality of tissue available in their offices.

+++ 1/2

Consultants' Comments

"Professional looking dispenser for a business."

"We never ran out of tissue."

"Tissue ripped off cleanly."

"Make it easier to start the second roll."

"Offer a stainless steel version."

"Improve quality of tissue."

Dispenser

The **Compact® Side-By-Side Double Roll Bathroom Tissue Dispenser** offers a neutral, professional appearance with the rolls housed behind a translucent plastic cover. Switching to a new roll requires sliding the door to access the second roll. The plastic material had some flash that prevented the smooth operation of the device. The key lock required for refilling was generally felt to be unnecessary in dental settings.

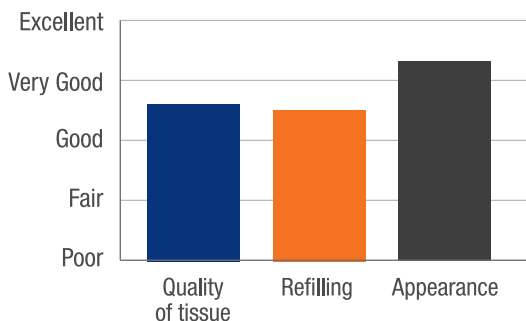
Efficiency

Tissue is dispensed easily and there is less waste because all of the tissue on the first roll has to be used to start a new roll. The absence of a cardboard core allows each roll to have a higher number of sheets and no waste compared to standard roll bath tissue. The increased capacity of two rolls resulted in refilling less often and more time to focus on business vs. tissue maintenance.

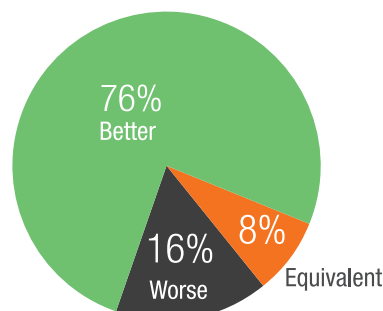
Clinical Tip

- Current roll must be completely used before the new roll can be accessed to allow the door to be moved over to expose the new roll. ■

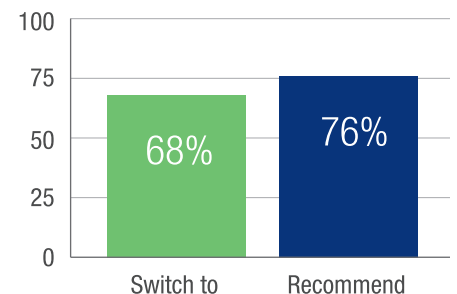
Key Features:



Compared to current product:



Percentage of consultants who would:



Access Crown

Centrix, Inc.
(800) 235-5862 | www.centrixdental.com

Description

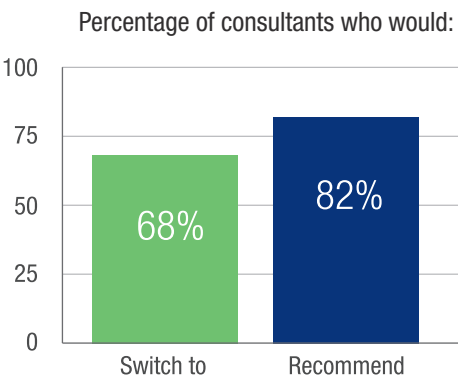
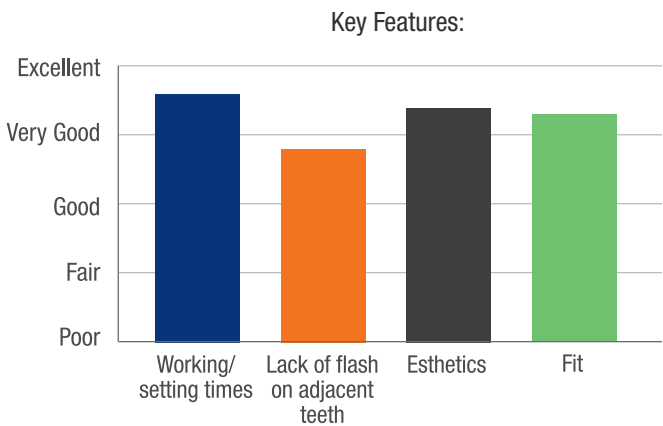
Access Crown is a fast-setting bis-acryl composite designed for fabrication of temporary crowns and bridges. The material has a working time of 30 seconds and sets in two phases, allowing for removal from the mouth after one minute and trimming and polishing 2.5 minutes later. **Access Crown** is available in eight shades: A1, A2, A3, A3.5, B1, B3, C2, and BL and is dispensed from a 76 g automix cartridge. **Access Crown** is radiopaque and is compatible with light-cure composites for repair. **Access Crown** was evaluated by 22 consultants in 478 uses. This provisional material received a 91% clinical rating.

Suggested Retail Cost

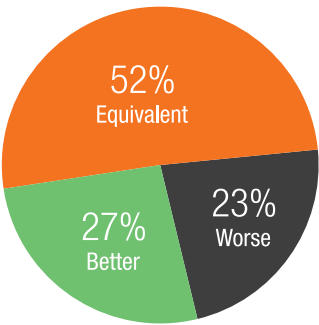
\$179.95 /cartridge

Product Features

Access Crown has a fast setting time, yet adequate working time for most provisional situations. Consultants reported that the available shades satisfied clinical expectations and the esthetics were very good. The material handles well, leaving little flash on the adjacent teeth. It sets hard with no noticeable shrinkage and has a high resistance to fracture.



Compared to current product:



++++ 1/2

Consultants' Comments

- "Consistently good results."
- "Works just as well as my favorite brand."
- "Sets hard."
- "Polishes well and holds its color."

Clinical Tip

- Work very quickly for multiple-unit cases. ■

AccessFLO

Centrix, Inc.

(800) 235-5862 | www.centrixdental.com

Description

AccessFLO Flowable Gingival Retraction Paste is a clay-based material indicated for soft tissue management associated with crown and bridge impression procedures. **AccessFLO** comes in single-use syringe tips, which are intended to reduce risk of cross contamination. **AccessFLO** can replace retraction cord in some cases or it can be used in conjunction with cord. Aluminum chloride and kaolin clay aid in hemostasis. **AccessFLO** is removed from the gingival sulcus with water spray and suction. Each kit contains 15 tips, individually wrapped in foil pouches. **AccessFLO** was evaluated by 20 consultants in 274 uses. This retraction paste received an 86% clinical rating.

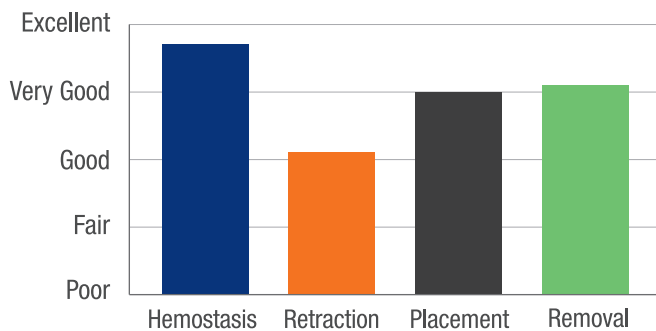
Suggested Retail Cost

Kit (15 pack)	\$100.95
Kit (60 pack)	\$262.95

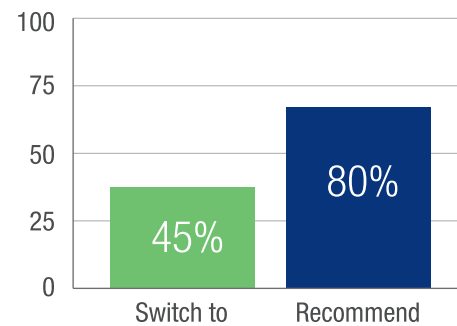
Product Features

AccessFLO provides excellent hemostasis, creating a dry field for crown and bridge impressions. Consultants also used it during cementation and composite restoration procedures. The unit-dose tip reduces the risk of cross contamination and contains ample material. Consultants would have preferred a long, bendable tip rather than the rigid, curved tip. The viscosity of the paste is flowable enough to provide easy extrusion and placement into the gingival sulcus but produces little displacement of the soft tissue. Removal of **AccessFLO** requires a strong water spray.

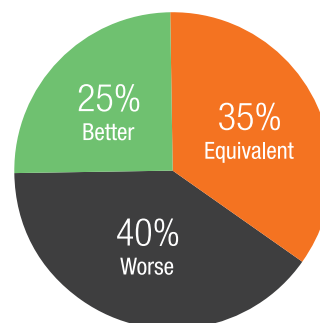
Key Features:



Percentage of consultants who would:



Compared to current product:



++ ++

Consultants' Comments

"Great hemostasis"

"Blue color is easy to see in the sulcus."

"Works well to control moisture when placing Class V composite restorations."

"Tip contains plenty of material."

"A good addition to my retraction cord, but it does not replace it."

"Tip is wide, limiting access and visibility."

Clinical Tips

- AccessFLO** can be used with cotton rolls or any type of compression product to enclose the paste in and around the sulcus while patient bites and holds.
- Leave paste in place for at least two minutes. ■

Description

SureStop is a sterile, soluble cellulose-based dressing that transforms quickly into a clear, viscous gel upon contact with blood or fluids. **SureStop** is indicated for the topical management of wounds and to temporarily control bleeding. Appropriate dental indications include extraction sites, dental trauma, biopsy sites, periodontal surgery, and oral surgery. **SureStop** comes in pre-cut 1.9 cm squares. Each box contains 20 pads, individually sealed in blister packs. **SureStop** was evaluated by 28 consultants in 240 uses. This hemostatic dressing received a 93% clinical rating.

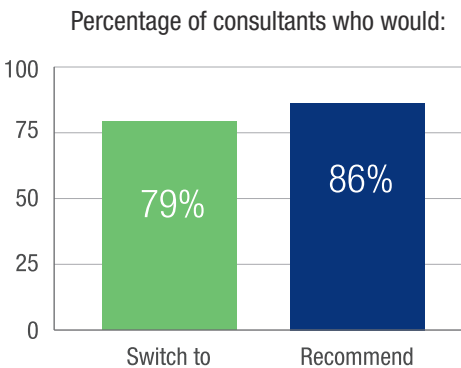
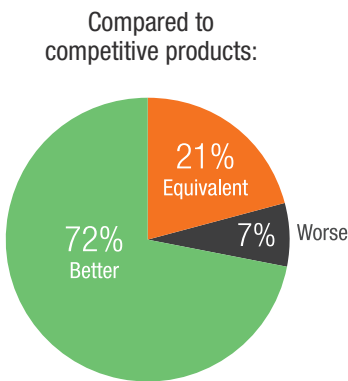
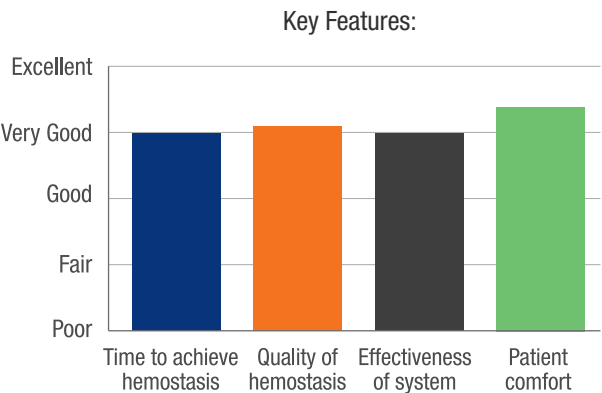
Suggested Retail Cost	\$ 79.00 - \$88.00 per box of 20
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Product Features

Consultants used **SureStop** primarily after extractions but also in conjunction with other oral surgeries and traumas. It is very effective in achieving hemostasis. The pre-cut squares and individual packaging contribute to its user friendliness. Upon contact with moisture, the woven cellulose becomes a sticky gel, sealing the wound. Instructions are not clear on whether to leave the gel or rinse it off. The biocompatible nature of the cellulose was reported to be appealing to dentists and their patients. **SureStop** has two unique features - it is bacteriostatic and is very effective in stopping bleeding on patients using anticoagulants.

Clinical Tips

- Use dry forceps to place **SureStop** to avoid having it stick to the instrument.
- **SureStop** may be cut into smaller pieces. ■



++++ 1/2



Consultants' Comments

"Stops bleeding very effectively."

"Excellent product and a must have if you do extractions."

"Good adjunct to pediatric extractions since kids have a hard time maintaining pressure on gauze."

DuraShield® CV Varnish

Sultan Healthcare

www.sultanhealthcare.com | www.DuraShieldCV.com

Description

DuraShield® CV is a 5% clear, sodium fluoride varnish. It is indicated for the treatment of hypersensitive teeth and sensitive root surfaces and may be applied to exposed enamel, dentin and cementum. **DuraShield® CV** is a clear, non-drip formula with a 2-hour wear time that can be applied in wet fields and applies smoothly. It is packaged in a unique unit dose that can be wrapped around the finger or held in a traditional manner; brushes are packaged separately. Each package contains 0.4 mL of varnish and is available in strawberry or watermelon flavors.

DuraShield® CV was evaluated by 38 consultants in 843 uses. This fluoride varnish received a 91% clinical rating, with 76% of consultants indicating they would switch to **DuraShield® CV**.

Suggested Retail Cost

\$82.50/box of 50

Product Features

DuraShield® CV coats teeth with a clear film of varnish. The smooth consistency of the varnish brushes onto teeth in an even coating without clumping. **DuraShield® CV** has a 2-hour wear time, 50-67% shorter than most other varnishes on the market, to help increase patient compliance. The packaging is sometimes hard to open and some consultants reported that the varnish packaging was hard to hold. The mild flavors were reported to be appealing to patients, and patients especially appreciated the fact that the varnish was nearly invisible on the teeth. Consultants reported effectiveness in reducing root surface sensitivity.

++++ 1/2

Consultants' Comments

"Easy to handle - stays on the brush and tooth without dripping."

"Varnish stays clear, not chalky."

"Patients liked flavors."

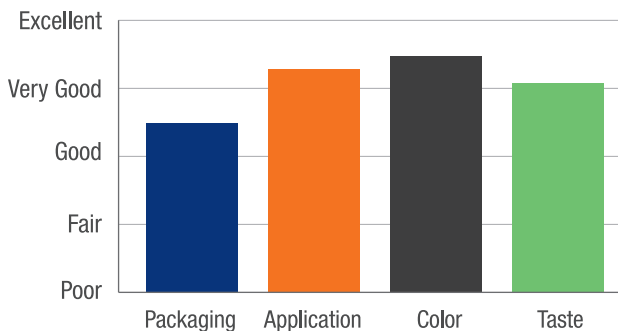
"I would prefer if the varnish and brush/applicator were packaged together."

"Offer it in a mint flavor."

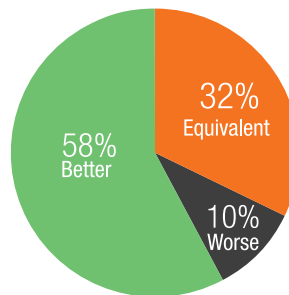
Clinical Tips

- If excessive saliva is present, wipe teeth dry with a gauze first.
- Patients should avoid consuming hot liquids, alcohol, or sticky foods during the initial two-hour period.
- Give patients the printed instructions included with **DuraShield® CV**. ■

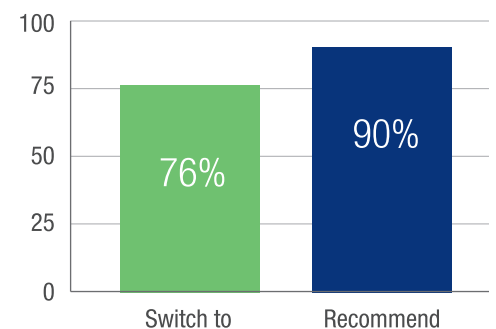
Key Features:



Compared to competitive products:



Percentage of consultants who would:



Le Soothe® Polychloroprene Powder Free Exam Gloves



SmartPractice

(800) 522-0800 | smartpractice.com

Description

Le Soothe Polychloroprene Powder Free Exam Gloves are latex-free, ambidextrous, single-use gloves containing an emulsion of aloe vera, nopal, and vitamin E. **Le Soothe Polychloroprene Exam Gloves** are polymer coated for easier donning. The gloves are ivory colored and feature a textured surface. They are packaged in 100-count boxes in sizes large, medium, small, and extra small. Polychloroprene exam gloves are also available from *SmartPractice* in color options of Pink and Green. **Le Soothe Polychloroprene Gloves** were evaluated by 58 dentists, dental hygienists and dental assistants in over 2100 uses. This non-latex glove received an 89% clinical rating.



Consultants' Comments

"The material stretches, unlike other non-latex gloves, making donning much easier."

"Gloves are easy to remove from the box."

"Feels like I don't even have gloves on."

"I would recommend these gloves for individuals who have sensitive skin."

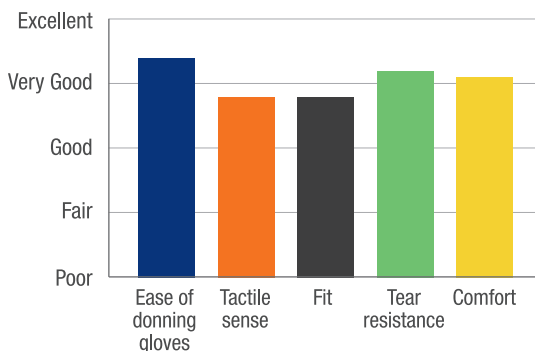
"Made my hands feel soft."

"Sizes run large."

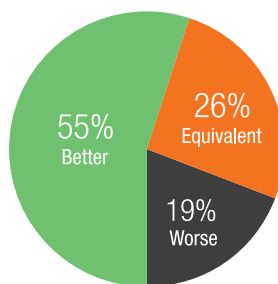
Product Features

Le Soothe Polychloroprene Gloves feature a greater amount of stretch than consultants' other non-latex gloves, including vinyl and nitrile, contributing to a high level of tear resistance in the gloves and reduced hand fatigue. The textured fingers improve grip and allow good tactile sensitivity. This glove extends higher over the wrist, offering more protection. The aloe vera, nopal, and vitamin E in **Le Soothe Polychloroprene Gloves** combine to leave hands feeling soft and silky after use. ■

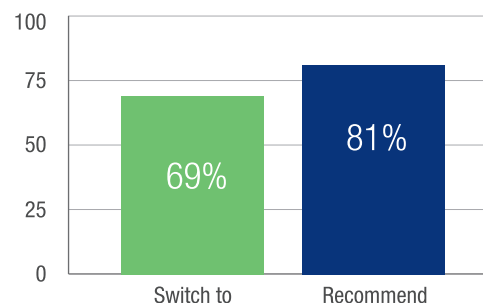
Key Features:



Compared to competitive products:



Percentage of consultants who would:



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